

RHODE ISLAND

***Child and Family Service
Program Improvement Plan***

Department of Children, Youth and Families

Annual Progress and Services Report

November 2005

TABLE OF CONTENTS

<i>Introduction</i>	2
<i>Program Improvement Plan – Child and Family Service Plan</i>	7
<i>Major Strategies for Implementing, Measuring and Managing the PIP</i>	9
<i>Agency Partnership with Community</i>	11
<i>A System of Care and Array of Services</i>	15
<i>Family-Centered Practice</i>	25
<i>Foster/Adoptive Parent (Recruitment, Training and Support)</i>	38
<i>Establishing a Quality Assurance and Continuous Quality Improvement Program</i>	43
<i>Improving Family Court Relationship/Legal Issues</i>	50
<i>Chafee Foster Care Independence Program</i>	53
<i>Professional Development Training</i>	55
<i>Indian Child Welfare Act</i>	62
<i>Child Abuse Prevention and Treatment Act (CAPTA) Plan</i>	64
<i>Child Welfare Context Data</i>	70
<i>National Child Welfare Outcome Measures</i>	73
<i>Decision-Making on Program and Service Investments</i>	78
<i>Child and Family Service Continuum</i>	79
<i>Program and Service Development</i>	80
<i>Maintenance of Effort</i>	82
<i>Allocation of Funds</i>	82
 <i>Appendices –</i>	
<i>Multi-Ethnic Foster Parent Recruitment Plan</i>	86
<i>Multi-Ethnic Adoptive Parent Recruitment Plan</i>	91
<i>Chafee Foster Care Independence Program Application</i>	97
<i>Chafee Educational and Training Voucher Application</i>	109
<i>Title IV-E Training Plan</i>	114
<i>ICWA Policy</i>	127
<i>Continuum of Service</i>	132
<i>Citizen Review Panel Report</i>	137
<i>Work Plans</i>	148
<i>Assurances</i>	149
<i>National Child Welfare Outcome Data Profile</i>	158

Rhode Island
PROGRAM IMPROVEMENT AND CHILD AND FAMILY SERVICE PLAN
- November, 2005 -

Introduction –

The Rhode Island Department of Children, Youth and Families was created in 1980 and is statutorily designated as the *“principal agency of the state to mobilize the human, physical, and financial resources available to plan, develop, and evaluate a comprehensive and integrated statewide program of services designed to ensure the opportunity for children to reach their full potential. Such services shall include prevention, early intervention, outreach, placement, care and treatment, and aftercare programs. The Department shall also serve as an advocate for the needs of children,”* (RIGL 42-72-5).

One of ten states in the country that has combined responsibility for child welfare, juvenile corrections and children’s behavioral health within one agency, the Rhode Island DCYF is guided by a strong vision and mission providing services annually to about 8-thousand children and youth. (Figure 1)

Vision – *As active members of the community, we share a vision that all children, youth and families reach their fullest potential in a safe and nurturing environment.*

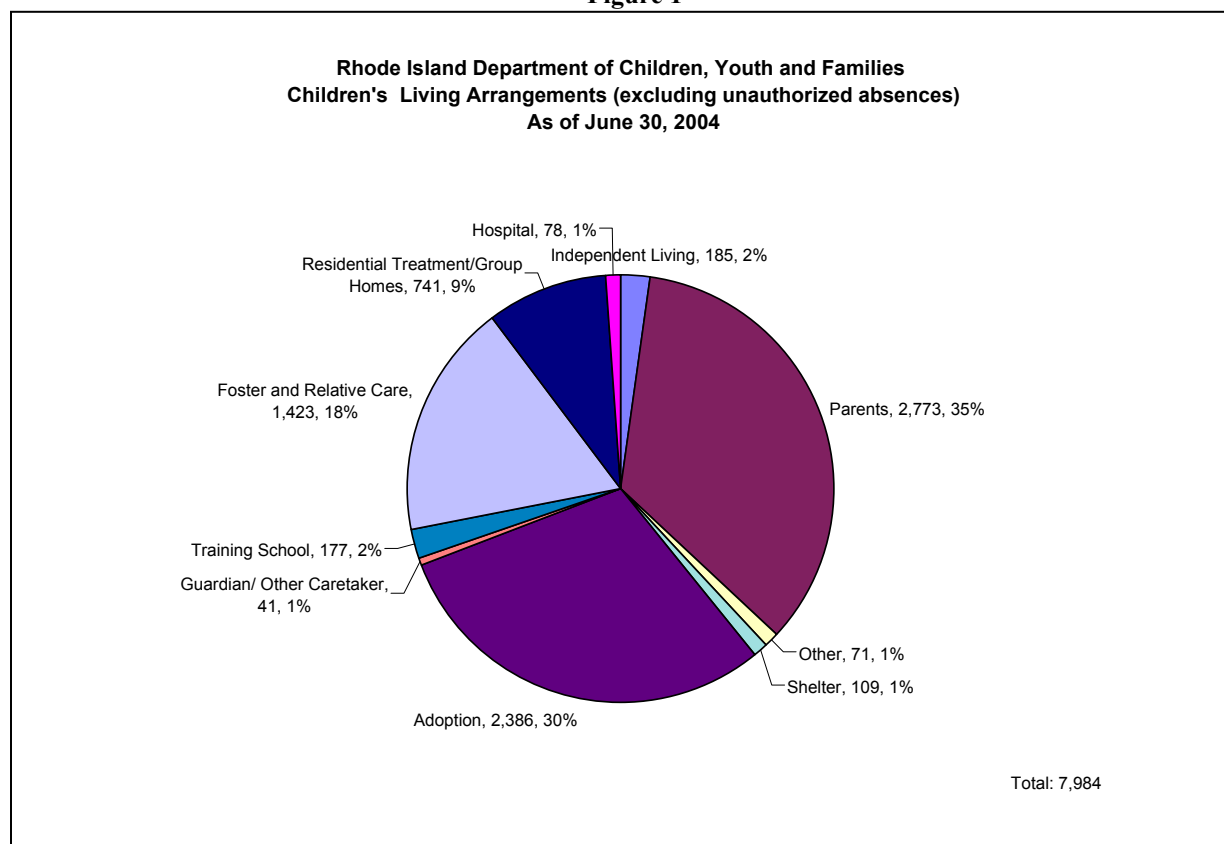
Mission – *It is the mission of DCYF to assist families with their primary responsibility to raise their children to become productive members of society. We recognize our obligation to promote, safeguard and protect the overall well-being of culturally diverse children, youth and families and the communities in which they live through a partnership with families, communities and government.*

Through multiple programs, the Department provides child protection, child welfare, children’s behavioral health and education, preventive services to children at risk of abuse/neglect, support services for children and families in need, and services for youth requiring community supervision or incarceration due to delinquency. This combined responsibility and service structure offers a tremendous opportunity for the DCYF, working in concert with other state departments, community-based agencies and family representatives, to develop strategies for a Program Improvement-Child and Family Service Plan that truly relate to the fundamental needs of children and families.

The field of child protection and child welfare has dramatically changed over the past twenty-five years as social conditions impacting families have become increasingly complex. Often, due to a lack of appropriate resources and staffing, our social work practice has suffered. Significant changes are necessary to strengthen our practice and increase support to our families

and their communities. Our diverse partners share our vision and mission for improved safety, permanence and well-being for children and youth.

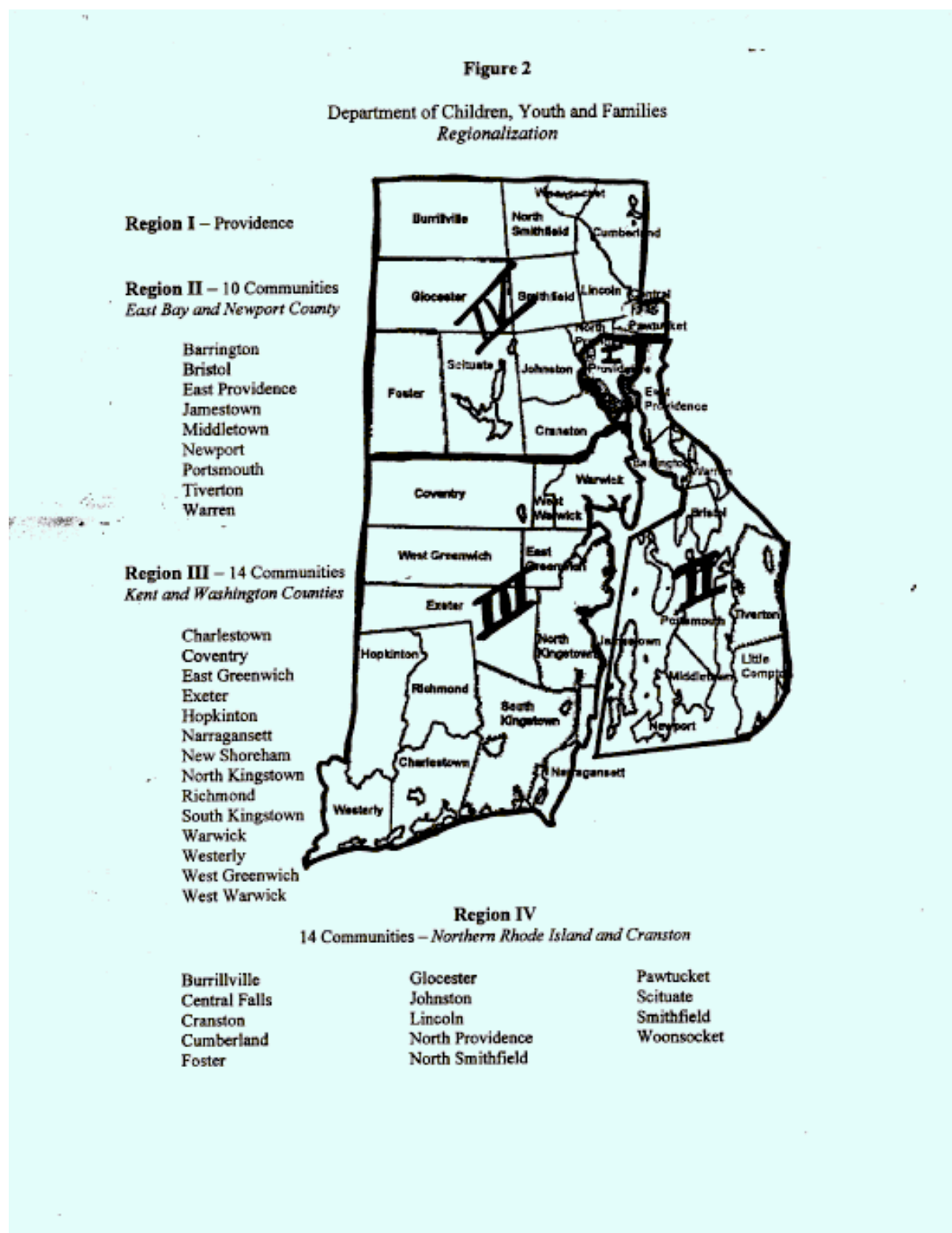
Figure 1



In the early 1990s, the Department began its shift to a more community-based, regionalized system within the state. This reorganization established four regions for Family Service Units, which handle case management and visitation schedules for families with cases open to the Department. (Figure 2) Children and families are now assigned to family service workers on a regional basis.

In August 1997, the Department implemented a new Statewide Automated Child Welfare Information System (SACWIS). The Rhode Island Children's Information System (RICHIST) contains all of the functionality required by federal regulations, which includes case management, staff management, financial management, provider management and policy and procedure management functions. It establishes an electronic case record, eliminating much of the paperwork. The continuous quality improvement ongoing with the RICHIST system has made this database a valuable resource for line staff to easily access information and identify the type of services that families need. This information includes child and family demographics, child welfare status, case plan goals, and child placement information, as well as legal, medical and educational information. In May 2001, the RICHIST system was recognized as one of four child welfare state project systems in the country to meet federal compliance standards for

SACWIS operation. This accomplishment positions the Department well for supporting the necessary data requirements to effectively implement our Program Improvement Plan.



Over this past year, the Rhode Island DCYF completed its Child and Family Services Review and has been working diligently with its broad base of stakeholders to identify feasible and realistic changes that will strengthen the Department's performance on key national child welfare outcome measures. Further, the Department has identified 14 critical items that specifically address fundamental practice changes which we believe will have the most direct impact on the national outcomes. These measures relate to:

- *Safety Outcome 1* – Item #2a – Repeat Maltreatment
Item #2b – Incidence of Child Abuse and/or Neglect in Foster Care
- *Safety Outcome 2* – Item #3 – Services to Prevent Removal
Item #4 – Risk of Harm
- *Permanency Outcome 1* – Item #5 – Foster Care Re-Entries
Item #6 – Stability of Foster Care Placements
Item #7 – Permanency Goals
Item #8 – Reunification/Guardianship
- *Well Being Outcome 1* – Item #17 - Assessment of Needs
Item #18 – Case planning with family
Item #19 - Worker visits with child
Item #20 – Worker visits with parent
- *Well Being Outcome 3* – Item #22 – Physical Health of Children
Item #23 – Mental Health of children

The Department's attention to these specific practice and resource issues will be monitored through the quality assurance and continuous quality improvement strategies that are outlined in the matrix.

The Process of Change –

Within the past four years, there has been a continuous and growing effort focusing attention on the larger systems reform needs and intergovernmental relations. It is well understood that the Department of Children, Youth and Families is one part of a larger functioning system, and that it cannot address all of the needs of a family alone.

In January 2003, the Rhode Island System of Care Task Force issued its report *Toward an Organized System of Care for Rhode Island's Children, Youth and Families*. This report represents a significant achievement in that it was begun under one governor's administration and was completed with the inauguration of a new administration. Governor Donald L. Carcieri adopted this blueprint for larger system reform.

Government Restructuring –

Under the administration of Governor Carcieri, the human service agencies within state government are being restructured under a Secretariat for Health and Human Services to facilitate better coordination of five inter-related departments including:

- Department of Human Services
- Department of Children, Youth and Families
- Department of Health
- Department of Mental Health, Retardation and Hospitals
- Department of Elderly Affairs

The Office of Health and Human Services was created by Executive Order on March 12, 2004 with the goal being to:

- Integrate back office functions among departments to make more resources available for the delivery of services, and
- To increase coordination of those services.

Implementation of the Office of Health and Human Services is organized under an Executive Order. Legislation is being considered in the 2005 general assembly session to fully implement a secretariat-like structure to ensure the continued delivery of quality services to the “neediest and most fragile Rhode Islanders.” Additionally, the Governor’s Office issued another Executive Order to establish a Division of Information Technology within the Department of Administration. The Chief Information Officer will be responsible for the oversight, coordination and development of all information technology resources within the Executive Branch.

This reorganization is based on the Governor’s Fiscal Fitness initiative, which has examined the operations and functions of the state’s human service agencies in an effort to streamline the operations and provide more effective, efficient services to the population of children, youth and families that is commonly served across the agencies. The Office of Health and Human Services will primarily:

- Centralize administration, budget, finance, policy, planning and communications;
- Leave agencies intact to run specific programs; and
- Improve case management of families – based on their needs, not the individual agency’s organization.

As the Office of Health and Human Services continues to evolve and shape its inter-governmental structure and processes, the Department of Children, Youth and Families is formulating its agency-specific Program Improvement-Child and Family Service Plan - based on the final report of its Child and Family Services Review.

Restructuring within the Department of Children, Youth and Families

In January 2005, Governor Carcieri announced a change in administration for the Department of Children, Youth and Families designating his Director of Community Affairs to become the new Director of DCYF. Patricia Martinez assumed the position of Acting Director on March 6 and has been leading the efforts for completing the submission of the Program Improvement Plan as a combined initiative with the Child and Family Service Plan. Ms. Martinez was unanimously confirmed as DCYF's Director by the Rhode Island Senate on June 22, 2005.

PROGRAM IMPROVEMENT PLAN-CHILD AND FAMILY SERVICE PLAN –

In preparation for the Program Improvement Plan, the DCYF identified a broad base of stakeholders representing more than 40 agencies and 80 people including community-based providers, representatives of the legislature, sister state agencies, the Family Court, DCYF staff, and Federal ACF staff to participate first in the statewide assessment for the Child and Family Service Review, and subsequently to focus on the development of this PIP. In late February, a three day public meeting was held including representatives of this large body of stakeholders to review and comment on the planned tasks and strategies for addressing the areas in need of improvement.

Based on the feedback from that public meeting and continued consultation with other governmental entities and our community partners, DCYF has developed this Program Improvement Plan (PIP) to effect positive change for improved outcomes for families and children. The Department envisions an environment where safety, permanence and well-being are achieved for all of Rhode Island's children and youth. To move toward this vision and ensure best practice, the Department is integrating its Child and Family Service Plan into this PIP as a single document to highlight the Department's major priorities relating to the following overarching goals:

- | | |
|----------|---|
| GOAL 1 - | Create a community-based, family-centered service system |
| GOAL 2 - | Establish a continuum of high quality, culturally relevant placement resources in proximity to each child's home |
| GOAL 3 - | Promote adoption or other planned living arrangement when reunification is not achievable |
| GOAL 4 - | Transition all children and youth from public supported care with the supports, skills and competencies in place to ensure stability and permanency |
| GOAL 5 - | Enhance the capacity of employees, foster parents and providers to deliver high quality care to children and families |

Over the past ten years, the DCYF State Child and Family Service Plan has included this consistent set of goals focusing on the Department's evolution toward community-based, family-centered practice with an array of regionally-based services designed to meet the needs of the children and families. These goals have focused DCYF on reducing our over-reliance on costly out-of-state residential placements and ensuring improvements in provider capacity to develop appropriate levels of care within the state. This effort is consistent with the high value we place on maintaining a child in or in close proximity to his or her own home. The process of planning for and delivering these services has been expanded to include the family along with broader representation from within the community.

Additionally, DCYF has improved our handling of cases where adoption is the most appropriate permanency plan, and has expanded our efforts to ensure support, skill development and access to higher education for youth who are "aging out" of the system. Finally, the State Plan has documented DCYF's efforts to improve our training program with the creation of the Child Welfare Institute in partnership with the Rhode Island College School of Social Work and broadening the planning and curriculum development to include participation from the provider community.

The Child and Family Service Review final report identified areas in which DCYF can improve development and implementation of the Child and Family Service State Plan, particularly to ensure a constant level of participation among community representatives and our sister state agencies. In this process, the Department will work to create and maintain a learning environment that supports continuous quality improvement and positive outcomes for children and families. Quality Assurance in Child Welfare describes continuous quality improvement programs as improving upon traditional compliance monitoring in three ways:

- Assess practice, outcomes and compliance;
- Use data, information and results to effect change; and
- Engage a broad range of internal and external partners in the process.

Continuous Quality Improvement (CQI) brings a level of observation, interaction and accountability never before present at DCYF. Technical assistance through the National Child Welfare Resource Center on Organizational Improvement has provided necessary guidance for establishing a system of quality measurement and improvement. Through this Program Improvement Plan, we will establish a Quality Assurance function, modeled on the CFSR and implemented gradually.

The Administrative Review Unit (ARU) will also have an expanded role in capturing and analyzing aggregate data thereby informing the regional and divisional quality process. This will be done with the assistance of DCYF's MIS and the Rhode Island Data Analytic Center at Yale University's Consultation Center, which will provide "research to practice" guidance to ARU.

+++++

Major Strategies for Implementing, Measuring and Managing the Program Improvement Plan

The Rhode Island Department of Children, Youth, and Families has committed to seven major strategies aligned within the Child and Family Service Plan goals, which we believe will improve outcomes for children and families. The strategies focus on improving the overall effectiveness of our system of care through: strengthening regional structures via the integration of family centered practice throughout the system; initiation of a comprehensive family assessment tool and procedures to manage the process; the development and implementation of revised safety assessment tools and procedures to manage the process for investigating in-home and out-of-home care; introducing policies and procedures to enhance service delivery in our approach to the treatment of substance abuse issues; improvement of the policies and procedures that address legal guardianship; foster parent (recruitment, training, and support); improving Family Court relationships to appropriately address legal issues; initiating innovative professional development/training strategies; implementing an internal system of Quality Assurance and Quality Improvement and; enhancing/improving the agency's partnership with the community.

This plan details our accomplishments (to date) toward reaching our goals and the action steps that we will take toward achieving positive outcomes. Seven strategies are presented:

- ◆ *Strengthening DCYF's partnership with the community.*
- ◆ *Developing and implementing a targeted, effective system of care and an array of services.*
- ◆ *Fully implementing Family Centered Practice.*
- ◆ *Enhancing foster/adoptive parent recruitment, retention and support.*
- ◆ *Developing and implementing an effective quality assurance/quality improvement system.*
- ◆ *Improving DCYF's relationship with the Court and the ability to address legal issues.*
- ◆ *Enhancing professional development and training.*

These strategies have been matched to the Child and Family Service Plan's overarching goals and further identified with the national child welfare outcome measures and indicators for safety, permanency and well-being.

PIP-Child and Family Service Plan Goals	PIP Strategies	National Outcomes	National Standard	Measurable Objective	PIP-CFSP Outcomes and Indicators – Systemic Factors
#1: Create a community-based, family-centered service system.	<ul style="list-style-type: none"> ▪ Agency partnership with Community ▪ Family Centered Practice 	<ul style="list-style-type: none"> ▪ Recurrence of maltreatment within 6 months 	6.1%	Decrease from 7.8% to 6.9% or less	<p><u>Safety-1:</u> Children are first and foremost, protected from abuse and neglect</p> <p><u>Safety-2:</u> Children are safely maintained in their homes when possible and appropriate</p> <p><u>Permanency Outcome-2:</u> The continuity of family relationships and connections is preserved.</p> <p><u>Well-Being Outcome 1:</u> Families have enhanced capacity to provide for children's needs.</p> <p><u>Systemic Factor IX:</u> Agency responsiveness to the Community.</p>

#2: Establish a continuum of high quality, culturally relevant placement resources in proximity to each child's home.	<ul style="list-style-type: none"> System of Care and Array of Services Quality Assurance/CQI Family Centered Practice 	<ul style="list-style-type: none"> Maltreatment in foster care Children in foster care for less than 12 months who experienced 2 or fewer placements. 	.57%	Decrease from 1.09% to .95% or less	<p>Safety-1: Children are first and foremost, protected from abuse and neglect.</p> <p>Permanency-1: Children have permanency and stability in their living situations.</p> <p>Permanency-2: The continuity of family relationships and connections is preserved.</p> <p>Well-Being-1: Families have enhanced capacity to provide for children's needs.</p> <p>Well-Being-2: Children receive services to meet their educational needs.</p> <p>Well-Being-3: Children receive services to meet their physical and mental health needs.</p> <p>Systemic Factor-VI: Quality Assurance System</p> <p>Systemic Factor-VIII: Service Array</p>
#3: Promote adoption or other planned living arrangement when reunification is not achievable.	<ul style="list-style-type: none"> Family Centered Practice Enhancing foster/adoptive parent recruitment, retention and support 	<ul style="list-style-type: none"> Exits to adoption that occurred within 24 months from removal. 	32.0%	Increase from 49.8%	<p>Permanency-1: Children have permanency and stability in their living situations.</p> <p>Safety-2: Children are safely maintained in their homes when possible and appropriate.</p> <p>Well-Being-3: Children receive services to meet their physical and mental health needs.</p> <p>Systemic Factor V: Case Review System</p> <p>Systemic Factor VIII: Service Array</p> <p>Systemic Factor X: Foster and Adoptive Parent Licensing, Recruitment and Retention.</p>
#4: Transition all children and youth from public supported care with the supports, skills and competencies in place to ensure stability and permanency.	<ul style="list-style-type: none"> Family Centered Practice Quality Assurance/CQI Family Court Relationship and Legal Issues 	<ul style="list-style-type: none"> Exits to reunification that occurred within 12 months from time of entry. Children re-entering foster care within 12 months of a previous placement. 	76.2%	Increase from 71% to 73.42% or more	<p>Safety-2: Children are safely maintained in their homes when possible and appropriate.</p> <p>Permanency-2: The continuity of family relationships and connections is preserved.</p> <p>Well-Being-1: Families have enhanced capacity to provide for children's needs.</p> <p>Well-Being-2: Children receive services to meet their educational needs.</p> <p>Well-Being-3: Children receive services to meet their physical and mental health needs.</p> <p>Systemic Factor IV: Statewide Information System</p> <p>Systemic Factor V: Case Review System</p> <p>Systemic Factor VI: Quality Assurance System</p> <p>Systemic Factor VII: Training</p> <p>Systemic Factor VIII: Service Array</p> <p>System Factor X: Foster and Adoptive Parent Licensing, Recruitment and Retention</p>
#5: Enhance the capacity of employees, foster parents and providers to deliver high quality care to children and families.	<ul style="list-style-type: none"> Professional Development Training Quality Assurance/CQI 				<p>Safety Outcome 2: Children are safely maintained in their homes when possible and appropriate.</p> <p>Permanency Outcome 1: Children have permanency and stability in their living situations.</p> <p>Well-Being Outcome 1: Families have enhanced capacity to provide for children's needs.</p> <p>Systemic Factor VI: Quality Assurance System</p> <p>Systemic Factor VII: Training</p> <p>Systemic Factor IX: Agency Responsiveness to the Community</p>

We have worked with the key stakeholders in families, government, provider agencies and the community at large to design an array of services which will support families. The Governor

and Children's Cabinet have dedicated themselves to the achievement of an organized system of care and an array of services which support our Program Improvement Plan. Such an integrated system will help us safely keep children and youth in their home and community while receiving the assistance necessary to achieve permanence and well-being. The well-being of all children in care and many at home will continue to be enhanced by their inclusion in RIteCare, the state's Medicaid managed care health plan, which ensures that the services identified in the family's service plan will be available to the family. An increase in specific services identified in the CFSR Final Report will positively impact on the safety, permanence and well-being for all children. Additionally, the availability of a service provider directory will generate more awareness among DCYF staff of a wide array of social support and treatment services throughout the state, and lead to greater access for children and families.

Our Department is dedicated to ensuring that the voices of families, government, providers and the community will be heard at every level. A number of changes to our approach that are expected to achieve this community partnership are outlined within this PIP.

AGENCY PARTNERSHIP WITH COMMUNITY

GOAL 1 – Create a Community-Based, Family-Centered Service System –

- Systemic Factor IX – Agency responsiveness to the Community.

Accomplishments: As identified in the Child and Family Service Review report, the DCYF engages in ongoing consultation with multiple community partners, has established innovative and effective programs such as The Providence Children's Museum *Families Together* visitation model and collaborations such as the weekly Hasbro Hospital Child Protection Clinic meetings. The Department holds annual Foster Parent Town Meetings, and promotes family involvement through a Youth/Parent and DCYF Partnership in designing consumer-driven services. Additionally, the Child Welfare Training Institute has cultivated a partnership with community providers to coordinate and develop training opportunities.

This community engagement has evolved over the past 15 years. With the development of the Child and Adolescent Service System Program (CASSP), the Rhode Island DCYF has had a deep commitment to establishing partnerships with community stakeholders, such as parents, youth, family members, community organizations, social and health service providers, educators, and community advocates to develop organized systems for children and youth. Although the degree of effective implementation of these systems for child welfare, children's behavioral health, and juvenile justice services has varied, all adhere to the following underlying principles – services should be accessible, individualized, family-centered, comprehensive, culturally competent, delivered in the least restrictive service setting, and coordinated among relevant community providers. The federal review has been extremely useful in identifying several areas for improvement for Rhode Island's most vulnerable children. This PIP represents DCYF's

commitment to establish more effective partnerships with the various community stakeholders described above to improve practice and policy. As part of our implementation of the community-based, family-centered agenda, each of the DCYF Regions is working toward establishing community groups with the aim of enhancing DCYF's partnership with communities. These efforts may assist in identifying strategies for foster parent recruitment and visitation activities, as well as other service needs.

Strategies for Improvement

The DCYF has a two-pronged approach for re-designing its current service delivery system:

One is an internal workgroup inclusive of community stakeholders focusing attention on redesigning the Department's operational system in order to align the Department's practices to support the work necessary for the Program Improvement Plan. This workgroup currently includes administrators from the Regional Child Welfare Offices, Central Office, the Director's Office, Children's Behavioral Health, Juvenile Corrections, and representation from Placement Solutions and the Parent Support Network (PSN) of Rhode Island. PSN is a chapter of the Federation of Families for Children's Mental Health which is a nationally established parent-run organization to advocate for systems improvement to include family participation in planning and policy making activities for children who have emotional, behavioral and/or mental health challenges. Placement Solutions was established four years ago to assist DCYF in its efforts to transition youth from out-of-state placements back into Rhode Island with appropriate level of care supports and services. Placement Solutions' role has expanded to assist the Department in also providing quality assurance monitoring for youth who are receiving care in contracted residential placements in-state. The representation in this workgroup will be expanded to include additional community participants as appropriate to the task at hand.

The second approach is an external design workgroup. As part of the implementation of the System of Care Task Force Report, this external design workgroup is comprised of stakeholders across provider agencies, families, and state agencies, focusing attention on the service array and changes necessary to address critical capacity issues.

The work of these two groups, subcommittees of the Department's Service System Re-Design Committee, will intersect to allow for an integrated continuum of services and interventions that will fully support the Department's role and responsibilities for ensuring safety, permanency and well-being for children and families.

The Department will also broaden the representation in its PIP/Child and Family Service Plan - IV-B planning process to include parents, families, representation from advocacy and provider organizations, representatives from the Family Court, and the Narragansett Indian Tribe. Additionally, the Department will identify key groups at the local levels, i.e., the Child and Adolescent Service System Program (CASSP) and the Local Education Authorities (LEA's), the Healthy Families Consortium, and appropriate task forces. Through this broadened statewide

planning and advisory body, the Department will ensure engagement with community partners which will provide ongoing opportunities to elicit input and feedback from a diverse cross-section of constituencies and stakeholders.

At the Regional level, as community groups are better established working with Family Service Unit staff and administrators, this process would reinforce discussions relative to specific community needs as well as provide networking opportunities in relation to services and potential collaboration, which will have a grassroots focus on service and program strengths and needs within the geographic regions.

Additionally, for older youth who have permanency goals of other planned living arrangements or independent living and higher education goals, the integration of planning for the Chafee Foster Care Independence Program and broader systems advocacy activities can be more directly aligned with the Regional focus through these community forums.

It is expected that the expansion of the PIP/Child and Family Service Plan-IV-B Planning Committee and Chafee Foster Care Independence Program initiatives will establish a procedure for the Department to receive recommendations and augment the efforts within the Service System Redesign Committee. The first meetings of the reconstituted PIP/Child and Family Service Plan statewide advisory body and the Regional groups will be held within six months of the approval of this Program Improvement Plan.

It must be noted that broadening community provider participation in areas such as planning for new service design and implementation does present an inherent conflict which the Department recognizes. To address this issue, public forums for provider agencies will be held to elicit feedback regarding our planning, development and implementation goals. The Department will outreach to minority populations through a wide array of community organizations in an effort to ensure culturally diverse representation in these forums.

As mentioned in the Child and Family Service Review, the Department does have strong collaboration at the leadership level to coordinate a range of Federal and federally assisted programs, but it was pointed out that this is not consistently filtered down to the service provision level. This level of coordination can be improved with a more conscious effort to identify these opportunities. The Department has a collaborative relationship with the Rhode Island Department of Education to integrate funding through the Elementary and Secondary Education Act, Title I and II grants and IDEA, Part B; and, with the Department of Mental Health, Retardation and Hospitals through the Community Mental Health Block Grant.

The Department is represented on the Interagency Coordinating Council (ICC) which is federally required under the Individuals with Disabilities Act (IDEA), Part C for Early Intervention Services (EI) for children under the age of three. The ICC is providing a valuable forum for DCYF and the Department of Human Services (DHS), as lead agency for the Early Intervention system to design a regularized referral mechanism for children under three who have been victims of substantiated cases of abuse and/or neglect as required in the Child Abuse Prevention and Treatment Act (CAPTA). The development of a systemic approach to ensuring appropriate referrals to the EI system is progressing with collaboration between DCYF, DHS and

the Department of Health which provides critical visiting nurse services in its Family Outreach Program.

The Department also works closely with the Department of Human Services (DHS) to maximize funding with Medicaid dollars in order to expand programs and services for children and families. The two departments are working jointly in planning the development of services. As an example, DCYF and members of its Youth/Parent Partnership are actively involved with DHS in its Respite Feasibility Study which is being funded by a Real Choices grant from the Center for Medicare and Medicaid Services.

Within DCYF, the various intergovernmental resources for which the Department is responsible will be reviewed to determine how the funds can best support the Program Improvement Plan requirements. The Department will continue to explore the possibility of more opportunities for integrated or coordinated funding. The establishment of the Executive Office of Health and Human Services may help support inter-agency collaboration for federally funded initiatives.

Strategy – Agency Partnership with Community

<i>PIP-CFSP IMPLEMENTATION SUMMARY -</i>	
GOAL #1 – <i>Create a community-based, family-centered service system.</i>	
Systemic Factor IX: Agency responsiveness to the Community.	Person(s) Responsible: Lee Baker
Action Step: Increase inclusion of community in planning, developing, and implementing the Department’s goals through Regionally-based community groups, and other regularly scheduled public forums.	

Also see section on Decision-Making on Program and Service Investments on page 78.

+++++

A SYSTEM OF CARE AND ARRAY OF SERVICES

GOAL 2 – Establish a continuum of high quality, culturally relevant placement resources proximate to each child’s home –

<u>National Outcome</u>	<u>Nat’l Standard</u>	<u>Measurable Objective</u>
➤ Recurrence of maltreatment within 6 months	6.1%	7.8% to 6.9% or less in 2 years
➤ Maltreatment in foster care	.57%	1.09% to .95% or less in 2 years
➤ Children in foster care less than 12 months who experienced 2 or fewer placements	86.70%	84.8% to 86.7% or more in 2 years

Accomplishments: Recognizing multiple challenges that often create barriers to developing and accessing a full array of services for children and families amid the full constraints of shrinking Federal and State Budgets, post 9/11, the RI General Assembly and Office of the Governor developed the System of Care Task Force charged with “looking beyond the current configuration of services, departments and providers.”¹ The Task Force began in 2001, was co-chaired by the Governor’s Director of Administration and key legislative representatives including the Chair of the Human Services Subcommittee of the House Finance Committee and the Chair of the Senate Committee on Health, Education and Welfare. The Task Force involved a broad range of state agency, judicial, community and family members. As previously referenced, the group concluded its work in 2003 with a report designed to be a blueprint for an organized System of Care. The recommendations of the plan received the support of the present Governor and leaders of both Houses of the General Assembly. The Task Force report established for all state agencies the priorities and framework for the reform of the systems that serve children and families. It is within that context, overall, that DCYF has developed this program improvement plan.

Two issues in the task force report, and which the DCYF has made remarkable progress in over the past year (FY 04) are problems that have plagued Rhode Island’s child welfare system since the founding of the DCYF in 1980. At its worst, the DCYF had sustained levels of night-to-night placement of children and youth who presented with safety issues that required removal from home as high as 120 incidents in a month. The Department increased stable placement capacity and services to families which enabled it to virtually eliminate “night-to-night” placement by January of 2004. During the same period, the Department made steady progress reducing the use of distant, highly restrictive out-of-state placements. These reductions were achieved by:

- Substantially increasing therapeutic foster care resources;

¹ The Report of the Rhode Island System of Care Task Force, January 2003, p. 11

- Increasing the ability of in state residential programs to safely and effectively work with high risk children and youth;
- Developing new in-state residential programs needed for some youth; and,
- Developing new processes (CMT/Enhanced CASSP) and resources to maintain children safely at home.

Rhode Island DCYF has implemented several innovative placement approaches including:

- Intensive Residential Treatment Program (IRTP), a short term psychiatric hospital step down program for youth which provides clinical care at the sub-acute level. This program is focused on stabilization and transition to after care services. The IRTP became operational in November 2004 as a contracted service managed by DCYF's Division of Children's Behavioral Health.
- Residential Treatment Programs (RTP), which serve the needs of children and youth with longstanding behavioral and mental health needs. One program for 8 adolescent girls and another one for boys is scheduled to open in the summer and fall of 2005.

The Department has also implemented several initiatives to prevent the removal of children from their homes, these include establishing a requirement for clinical assessments of youth prior to parents seeking a petition for wayward/disobedient behavior before the Family Court, and restructuring the Children's Intensive Services (CIS):

- By statute R.I.G.L 14-1-11 as amended, the State established a process to require an assessment and delivery of preventive services prior to the filing of wayward petitions which could result in the removal of a child from his/her home. Over the past year, this practice produced a 65% reduction of wayward petition filings as a result of the provision of services to 600 families.
- RI DCYF revised its Children's Intensive Services to produce a more effectively managed entitlement system that determined the children who met the eligibility requirements and will be served by programs who meet State Certification Standards. This reform occurred over a three-year process and included families providers and our State Medicaid Authority (DHS). The first certified CIS providers began in April 2004 under the review of a State (DCYF) Clinical Review Team. Over the next two years the Department will continue working with the Medicaid authority, providers and families to refine CIS. This evolution, in addition to reducing the need to remove children, has resulted in more children being served who have serious emotional disturbances, with higher clinical needs, and at a lower cost to the State. Also, the procurement process opened the door to a broader range of providers, including the family service agencies that have traditionally been associated with child welfare and protection. Currently, there are three such agencies that have applied for certification as CIS providers. Since each CIS provider must now serve families statewide, families have increased choice in selecting a provider with a skill set appropriate to their needs. As of January 2005, the State has certified 11 providers.

The RI DCYF has also improved individualized planning for children and youth in the following ways:

- Care Management Team (CMT): CMTs began in 2002. These teams focus on children at risk of removal from home as well as those ready to transition to a less restrictive level of care. This process brings the youth (if age appropriate), the family, community service providers, family supports and DCYF personnel together to identify and link the family with needed resources. The primary focus is on assisting the family/prospective family in obtaining resources necessary to maintain the child in his/her own home and community. The Care Management Team is encouraged to think creatively about the resources that would maintain a child at home and to recommend and authorize specialized services. These may include mentoring, in-home respite services, therapeutic recreation, etc. The regional Care Management Teams see an average of 12 children per week, about half of whom are successfully maintained at home with supports. If the CMT plan for maintaining the child at home is safe and efficacious and does not exceed the cost of placement, it is authorized by the DCYF. This is allowing the DCYF to develop, incrementally, community-based services to maintain children at home and in community. Care Management Teams also work with Adoption Rhode Island to participate in a Team meeting when a review is being conducted for a child/youth involved with Adoption Rhode Island.

Placement Resources in Closer Proximity to Child's Home

Placement Type	April 2002	April 2003	April 2004	April 2005	% Change from '04
Treatment Foster Care	63	72	118	113	- 4%
In-State Residential	121	130	145	141	- 2.8%
Nearby Residential	105	73	69	75	+ 8%
Out-of-State Residential	48	27	33	26	- 2.1%
Total	337	302	365	355	- 2.7%

In this past year, the Department has reduced the number of children and youth in specialized treatment settings by close to 3%, and has continued its efforts to reduce the number of distant out-of-state placements, while ensuring that youth are placed closer to their home community though that may still require a treatment location in a nearby state.

- Enhanced Child & Adolescent Service System Program (CASSP): In the FY2005 budget, the General Assembly included new funds which allowed the Department to implement the Enhanced CASSP program. This program builds upon the community based system to provide individualized supports to children and youth with serious emotional disturbances. The Enhanced CASSP initiative allows for and substantially increases the level of intensity and flexibility for children and youth with special

needs in the child welfare and juvenile justice system. Enhanced CASSP services are coordinated with and authorized by the Care Management Team on an individualized basis.

Educational outreach to the Rhode Island Department of Education (RIDE) has led to consideration of the Positive Behavioral Interventions and Supports Program (PBIS). This is a community and school-based approach in which a building-wide team reviews disciplinary and learning challenges to chart a building level plan for providing positive supports for appropriate behaviors in place of the problematic behaviors. The approach has an evidence base and has been associated with reductions in disciplinary actions, including expulsion, truancy, and out-of-district and out-of-home placement. It has also been associated with better outcomes for children and youth with very serious emotional disturbances when there is integration with the community level clinical and wraparound service system.

DCYF and RIDE have committed to working together over the next few years to foster implementation of this approach in Rhode Island. The Department of Education has already sponsored a day long introduction to PBIS with the state's school districts. Schools in 20 of the state's districts have expressed an interest in being a part of the first cohort to implement PBIS. The DCYF is presently in discussion with the RIDE regarding an implementation schedule to capitalize on this interest.

DCYF will provide a leadership role in getting our provider network to cooperate with these efforts to keep children in their home schools and communities. We will assist participating schools in identifying and accessing support services for children and youth who require them, including all children and youth in the DCYF's care.

In addition, the state of Rhode Island has been extremely successful in acquiring the SAMSHA Coordinated System of Care grants for children. DCYF and RIDE have recently submitted a joint proposal, with DCYF as lead agency, to substantially enhance community supports available to children and youth in PBIS cohort schools.

The Department has experienced considerable difficulty over the years in having children in its custody enrolled in area school systems in a timely manner. There is a process in place to trouble shoot specific situations as they arise, but the systems change necessary to ensure registration and inclusion of child welfare involved children continues to be a challenge that is being addressed jointly with the Department of Education, and the collaborative focus on PBIS approaches is an important underlying strategy in this effort.

Strengthening Regional Structures

Over the past several years, the Department has made significant strides in transforming from a centrally-focused agency to one which is more decentralized and where the authority and responsibility for ensuring that the needs of children and families are being met as close to the child/family's community as possible. The intent of our current efforts is to identify resources within each of DCYF's Regions, facilitating greater opportunities and resources for the Regional Directors and their regional staff, working with families and communities, to meet the needs of the children and families within their respective Regions.

Accomplishing this, however, requires us to make every effort to ensure that we don't try a "cookie cutter" approach to community engagement – every region and every community within a region is distinct and what works in Providence may not work in Woonsocket. Our Regional Directors are developing and implementing approaches which build on the strengths of their regions and communities so that we as a state agency can be viewed as a true partner. At the same time, the Internal Restructuring Subcommittee of the Service Delivery Redesign Committee is evaluating the support resource needs (e.g. resource/program development specialists, fiscal support, and foster care support) of the regions. The Committee is evaluating currently available support resources within the Department, comparing the needs against current resources and making recommendations as to how to realign and/or add support resources to more effectively allow for strong Regional management structures.

The External System Redesign Subcommittee of the Service System Redesign Committee is charged with the task of convening State and community (external) partners to re-design the way the State manages the care of all children in our system. The initial area of focus is on the most complex children. This population represents about 2-5% of children supported by State dollars. However, in our current configuration, these children often do not receive an individualized, family-centered intervention which will allow them to succeed in moving through the system to the least restrictive level of care. Moreover, the largest proportion of our service dollars is tied up in the service of these children with little flexibility to develop new community-based services.

This committee is receiving technical assistance from Sheila Pires, author of *Building Systems of Care, a Primer* (1972) National Technical Assistance Center for Children's Mental Health, Georgetown University, Child Development Center, Washington, DC.

To support the focus of the External System Redesign Subcommittee and further develop an atmosphere of cross-agency collaboration, an Inter-departmental Managers group meets bi-monthly to focus on Children's Behavioral Health and Education systems reform. This group consists of senior level administrators from the Departments of Human Services; Education; Health; and Mental Health, Retardation and Hospitals (both the Divisions of Developmental Disabilities and Behavioral Health), and is chaired by Janet Anderson, Ed.D., Assistant Director of DCYF for Children's Behavioral Health and Education. The group began to meet in the summer of 2004 discussing such topics as: the cross-system effects of budget deficits; strategic/systemic interventions to stem the rising cost of psychiatric hospitalizations and transition of older adolescents into the adult system. In addition to the bi-monthly meetings, smaller workgroups meet in the interim month to problem solve specific areas for action and reform. As already mentioned, the DCYF has been engaged in a collaborative working relationship with the Department of Human Services, the Medicaid Authority, to improve access to Medicaid funds and services. This effort is now broadening to consider optimization of all funds, including state general funds and federal funding resources, to ensure better delivery and coordination of services across the state departments for the same or similar populations.

Establishing an Array of Services

The goal, ultimately, is to create a service array that includes primary, secondary and tertiary prevention services that are strength-based, culturally appropriate, family-centered and

community-based. This approach is also being designed with a view toward assisting Regional Directors and their staff to manage resources within the regions – in order to support the children and families *within* their home regions.

Identifying the right services and the appropriate capacity levels to meet families' and agency needs is a continuous and evolving process. The efforts now underway toward identifying and establishing a full array of services are a core component of the Department's commitment to redesign its service delivery system and this program improvement plan.

Currently the Department is promoting two Letters of Interest (LOI) for targeted, specialized community based treatment to address service gaps. These efforts are aimed at ensuring that children in need of services and interventions will receive them in their own homes and in their own communities as much as possible, thereby preventing the need for more restrictive levels of care. At the other end of the spectrum, however, services continue to be necessary in order for DCYF to step children down from more restrictive levels of care to appropriate less restrictive services within a timely manner.

A Letter of Interest to be issued by the fall of 2005, targets development over time of a broad array of community-based, evidence/outcome focused services which are individually designed to meet the needs of children and families in their communities. This LOI will be issued as a continuous recruitment, which will offer the Department an ongoing opportunity to increase capacity development across the broad spectrum of child and family needs – beginning with critical family preservation and support programs that are proven effective in maintaining a family's cohesiveness and providing the necessary structure and support to cultivate healthy family functioning at the earliest opportunities possible. As the Department sharpens its focus on front-end community-based preventive services, more and more attention will be given to established programs that provide an array of family preservation and support wraparound services. This effort will enhance program capabilities throughout the continuum – including families who need interventions to meet child welfare case plan requirements in order to prevent escalation to more intensive structured services, as well as families with children who need a moderate level of care intervention, and the more intensive, high-end clinical intervention services. This LOI is evidence and outcome-based, so through this effort we are looking for agencies to provide clear descriptions of the type of children to be served, the identification of the interventions to be utilized and the means of measuring effectiveness (outcomes) of the children utilizing the programs.

An earlier LOI, issued in January (05) also on a continuous recruitment basis will address the lack of service array and specialized clinical care for children with developmental delays (DD) and those with a dual diagnosis of Developmental Delay (DD) and Serious Emotional Disturbance (SED). The DCYF is seeking providers with the capacity to develop a continuum of care for these children and their families.

In each of these LOIs, the Department continues to face financial constraints, and will first be looking at ways in which cost neutrality may be achieved; e.g., developing lesser restrictive community-based programs that will allow youth to transition from more restrictive levels of care. As this process evolves, it is anticipated that the Department's

current over reliance on higher-end residential services will be further transformed to a more balanced, prevention-focused service delivery system providing supportive interventions sooner rather than later for children and families.

Improving the service capacity for psychological evaluations and mental health services is also being addressed. DCYF is taking steps to identify the areas where these needs are most prevalent, and continue to work with the state's Medicaid managed care program, Neighborhood Health Plan of Rhode Island, and sister state agencies to ensure capacity development for these services.

An important prevention service approach for children with emotional, behavioral and/or mental health challenges is a capacity to provide psychiatric emergency services designed to de-escalate crisis situations, stabilize the environment and maintain a child within their home or planned living arrangement. The Department is currently in the process of developing policy and regulations for such a service to be established statewide.

Prevention strategies were identified as one of the key recommendations in the System of Care Task Force Report, and the Department will work with its community partners to initiate a broader effort to develop and implement a statewide child abuse and/or neglect prevention plan. Such a plan, as developed in other states, is inclusive of violence prevention and family resources. As part of the Department's CAPTA grant responsibility, DCYF leads a Child Abuse and Neglect Prevention Network which is administered by Prevent Child Abuse-Rhode Island. The Network is comprised primarily of agencies that provide community-based family resource and support services. The Rhode Island Prevention Plan, as envisioned, would be developed with participation from community agencies, law enforcement, medical and behavioral health and faith communities, education (including colleges/universities), business, government and private citizens/families and existing prevention coalitions. The plan will identify a vision/mission and implementation strategies.

Overall, the Department is concerned about the number of families that become opened to its Family Service Units with no legal status. These families remain intact, but they need additional support. The Department is in the process of determining whether the youth and families currently opened to DCYF on non-legal status could be more effectively serviced by community-based support programs.

As part of this process, an analysis is being designed by the Rhode Island Data Analytic Center to identify barriers to service for cases referred from Child Protective Services, and to determine what solutions have been attempted to address those barriers. Through this process, the Department expects to be able to pinpoint and strive to enhance those services that are determined to be most effective at supporting and maintaining families intact. Additionally, in order to provide staff with an up-to-date directory of services available in the community, the Department is signing an agreement with Crossroads Rhode Island (formally known as Traveler's Aid of RI) to provide a site license to all DCYF staff to the Crossroads community service directory. This on-line directory, which is updated quarterly, will provide staff with program and contact information for numerous community-based service providers.

From the analysis of barriers to services, the Department will be better able to review the array of services necessary for preparing families for reunification and, most importantly, for ensuring the appropriate level of support after reunification has been achieved. By working with families, agency staff and community providers, the Department will focus on programs that illustrate best practice for populations of children and youth who are in out- of-home care and/or have full custody status. This effort will target provider capabilities to more effectively support families where reunification is the permanency goal.

A deficiency of Spanish speaking providers continues to be a barrier to effective service. The Department is taking steps to better identify the need for multi-lingual service capacity and work with providers to develop appropriate recruitment and capacity building plans, and will monitor accordingly.

Currently, there is also a lack of sufficient in-home wraparound services to meet the needs of children and families. The DCYF and its sister agencies understand the frustrations experienced by families and social workers alike. With the implementation of this program improvement plan, there will be focused efforts to evaluate the effectiveness of services that are currently being utilized and a gap analysis for the level of care and type of in-home services that are needed. The Department will continue to pursue appropriate avenues to address the wraparound service capacity needs.

For families in which adoption is the permanency plan, it has long been recognized that the system as a whole needs to enhance the support services for adoptive families in order to better understand and prepare parents and children for the dynamics of the adoption relationship. Toward this end, as indicated in the matrix, the Department is working to establish an adoption specialist certification program to increase the level of adoption expertise among clinicians in Rhode Island, and the Department anticipates that this service will be supported with assistance of Medicaid funding.

Of particular note, the Department has made substantial progress in collaboration with Neighborhood Health Plan of Rhode Island and Beacon Health Strategies, its behavioral health provider, and the Department of Human Services (RI Medicaid Authority), in improving access to medical and behavioral health care for children in substitute care – now all children in foster care are enrolled into Medicaid managed care (RIte Care) with NHPRI. Through this initiative we are expecting decreased length of hospital stays; an increase in access to preventive and early behavioral health services, medical assessment and care, including oral health care. The Department will be looking to improve access for siblings of children in DCYF care.

Overall, Rhode Island is in a fortunate position with RIte Care, its Medicaid managed care program. Between 85-90% of the publicly funded children in Rhode Island are enrolled in RIte Care. With NHPRI and DHS working collaboratively with DCYF, the RIte Care health plan is taking an active role in the development of an array of community-based children's behavioral health services (including substance abuse services), and services for children with developmental disabilities. NHPRI is a strong partner for supporting DCYF's system re-design efforts, and is working with the Rhode Island Foster Parent Association to assist the Department in supporting recruitment, training and retention of foster families.

Issues around substance abuse are often core concerns for families and youth involved with the child welfare system, and the lack of capacity for treatment is a frustration. The Department of Mental Health, Retardation and Hospitals, Division of Behavioral Healthcare has statutory responsibility for the State's substance abuse prevention, intervention and treatment services for adolescents and adults. Treatment services include outpatient counseling, residential treatment, and methadone maintenance and detoxification services. Although there are a variety of effective programs and services available for both adolescents and adults, actual treatment capacity may on occasion be limited for some levels of care and access may be limited in some regions of the state. Rhode Island currently has only one program that offers residential treatment for mothers and children and the waiting list for admission may be as long as 2-3 months. The static capacity for adolescent residential substance abuse treatment remains at less than 50 beds statewide and there is currently no in-state residential treatment program designed to meet the needs of the dually diagnosed adolescent.

In response to these and other treatment capacity issues, MHRH recently re-procured the state's outpatient substance abuse treatment system of care. Under this new system, funding is allocated to provide a continuum of levels of care – traditional outpatient, intensive outpatient, partial hospitalization, and aftercare services. Funds are also allocated to provide specialized services for pregnant and/or parenting women and an array of case management services for both men and women.

Certainly, this issue is one that requires a broader systems' approach. There is effective and ongoing collaboration between DCYF, MHRH, DHS and community providers regarding substance abuse prevention, intervention and treatment. Through this program improvement plan, the DCYF will work to identify the need for parent substance abuse evaluations and treatment, and request technical assistance from the National Center on Substance Abuse and Child Welfare to determine best practice approaches to treatment. Subsequently, the Department will work with its sister agencies toward addressing the capacity needs.

Finally, the Department's role in the development of a System of Care and Array of Services creates a significant resource burden on staff which also needs to be addressed. The DCYF will work with the Department of Administration to implement the Fiscal Fitness Report, which is designed to provide for more effective and efficient services across departments under the Executive Office of Health and Human Services. It is envisioned that this transformation will provide for the necessary critical staffing positions to meet these new challenges.

Strategy – Service Array and An Array of Services

PIP-CFSP IMPLEMENTATION SUMMARY -	
GOAL #2 – Establish a continuum of high quality, culturally relevant placement resources proximate to each child’s home.	
Systemic Factor VIII - Service Array Systemic Factor VI - Quality Assurance System Permanency Outcome 2 – Continuity of family relationships and connections is preserved. Well-Being Outcome 1 – Families have enhanced capacity to provide for children’s needs. Well-Being Outcome 2 – Children receive services to meet their educational needs.	Person(s) Responsible: Tom Bohan Tom Dwyer Janet Anderson
Action Steps: <ul style="list-style-type: none"> Strengthen the ability of Regional Directors and their staff to manage resources within the region needed to support the children and families within their region. Redesign procedures for DCYF procurement and management of services for families and children. Continue to work with Executive Branch to optimize funding strategies to improve service coordination. Create a service array that includes primary, secondary and tertiary prevention services that are strength-based, culturally appropriate, family-centered and community-based. Expand availability of Spanish speaking providers. Expand availability of sufficient wraparound services. 	
Safety Outcome 2 – Children are safely maintained in their homes when possible and appropriate.	Person(s) Responsible: Tom Dwyer
Action Steps: <ul style="list-style-type: none"> Determine if youth and families who are currently open to the Department with no legal status can be more effectively serviced by community programs. Develop links between each DCYF Regional Office and currently available Family Support programs and resources that can be used by FSU personnel in each Region. 	
Permanency Outcome 1 – Children have permanency and stability in their living situations.	Person(s) Responsible: Tom Dwyer Janet Anderson
Action Steps: <ul style="list-style-type: none"> Enhance pre-and-post reunification services. Establish an Adoption Specialist Certification Program to increase level of adoption expertise among clinicians in the state. 	
Systemic Factor VIII - Service Array Well-Being Outcome 3 – Children receive services to meet their physical and mental health needs.	Person(s) Responsible: Janet Anderson Kevin Savage

Action Steps:

- Improve access to medical and oral health care for children active with DCYF and for siblings of children active with DCYF.
- Continuous recruitment of agencies providing evidence-based or promising practices to address family support needs and mental health service needs.
- Increase capacity for psychological evaluations.
- Establish policy and regulations for Psychiatric Emergency Service System.
- Participate in efforts to ensure sufficient substance abuse services

+++++

FAMILY-CENTERED PRACTICE

GOAL 1 – Create a Community-Based, Family-Centered Service System –

GOAL 3 – Promote Adoption or Other Planned Permanent Living Arrangement When Reunification is Not Achievable –

GOAL 4 – Transition all Children and Youth from Public Supported Care with the Supports, Skills and Competencies in place to Ensure Stability and Permanency –

<u>National Outcomes</u>	<u>Nat'l Standard</u>	<u>Measurable Objective</u>
➤ Recurrence of maltreatment within 6 months	6.1%	7.8% to 6.9% or less in 2 years
➤ Exits to adoption that occurred within 24 months from removal	32.0%	49.8% or more in 2 years
➤ Exits to reunification that occurred within 12 months from time of entry	76.2%	71% to 73.42% or more in 2 years
➤ Children re-entering foster care Within 12 months of a previous placement	8.6%	21.30% to 19.95% or less in 2 years

The Department defines “Family Engagement” as follows:

Family engagement in the development of the comprehensive family assessment and the service plan is defined as a partnership between the family and youth (where appropriate) and Department staff whereby face-to-face communication forms the basis from which is developed a strength-based comprehensive family assessment leading to the service plan. The plan (and discussions prior to and following the development of the plan) will focus on how the family (youth) got to this point, what has to change, what services are needed,

the expectations for who will do what and when, the time-frames, and what alternative resources might exist within the extended family to help address the safety, permanence, and well-being of the child or youth.

Accomplishments: The Department of Children, Youth and Families began its approach to Family-Centered Practice in the spring of 2000, embarking on an 18 month demonstration project. This change process promoted broad partnerships involving birth families, and foster and adoptive families. The DCYF also outreached to community providers and received assistance from the National Resource Centers for Family-Centered Practice and Permanency Planning; and, Legal and Judicial Issues. The RI Child Welfare Institute assisted the implementation of this demonstration phase by including a research component to assess the implications of Family-Centered Practice (FCP) within DCYF and its partner agencies.

In 2002, the demonstration project was expanded allowing for broader integration of concepts and practices throughout the Department. To achieve this expansion, a training of trainers module (TOT) was designed including staff from DCYF's Family Service Units, Policy and Administrative Review Units, the Rhode Island Child Welfare Institute, and community providers. These participants formed the core of FCP trainers and received instruction on Adult Learning Theory and the Family-Centered Practice curricula.

In April of 2003, the FCP demonstration phase had transformed into an agency-wide reform movement. As referenced earlier, the Department had designed a research and outcome framework to track measures on safety, permanence and child well-being through the application of the Family-Centered Practice Initiative. Satisfaction was measured by surveys of birth and foster parents and attitudes-beliefs. Satisfaction surveys of DCYF staff and community partners were also administered. The data collected at the one-year mark for the outcome component of the demonstration strongly suggested that using FCP in the context of prevention and intervention with at-risk children and families had a positive impact on:

- Family preservation and reunification.
- Creative permanency planning, where alternatives to reunification are considered as permanency options, and can afford ongoing contact for children and birth families.
- Utilization of relative and non-relative foster placements, which decreased multiple placements and resulted in consistency of caretakers.
- Value and investment in cross-system collaboration to support children and families and developing creative resources for families.

The Department designed two new forms aimed at ensuring family understanding and involvement in the Department's procedures regarding case plan development:

- 1) full-disclosure form outlining the ASFA timelines and expectations - provided to the family for signature; and
- 2) strength-based family assessment form - completed with the family.

The implementation of the family assessment form led to the design and development of a new comprehensive family assessment tool which has been incorporated into the Department's data collection and reporting system - RICHIST.

In December of 2003, the RI Child Welfare Institute incorporated Family-Centered Practice concepts and materials as part of its six-month pre-service training of newly hired Family Service staff. By January of 2004, 90% of Family Service supervisors and 80% of Family Service workers had been fully trained on Family-Centered Practice.

The development of the FCP components of the PIP are the result of a cross-system team of cross divisional DCYF staff, birth parents, foster parents and community providers, joining together to plan system improvement through FCP.

Strategies for Improvement

Under the strategy for Family-Centered Practice, the Department will address the full spectrum of safety, permanency and well-being across the agency's child protection, child welfare and juvenile corrections operations.

The Department will need to effectively address scheduling barriers to implementation of FCP in the Family Service Units. Toward that end, the Department will work with the labor unions to establish flexible work hours for staff to better accommodate the availability of families.

DCYF is also developing a staff vacancy monitoring system to facilitate the Department's anticipation and efficient response to critical frontline vacancies in order to address the workload barriers to family-centered practice. By late January 2005, 29 social caseworker recruits had begun their 6 month pre-service training. There are 25 who are still in the program. These new workers are expected to assume cases involving 350 families which will reduce the existing caseloads in FSU, allowing for more quality time to be spent with families – assessing need, developing treatment plans, and monitoring progress toward permanency. We know that while new staff are in training we will continue to lose current staff through relocation, retirement, or other reasons, and thereby put an additional strain on worker caseloads. A system to monitor our social caseworker Full Time Equivalent (FTE) complement is being developed. We will identify and track forecasting benchmarks so that a new class for the CWI can be identified as much in advance of need as possible.

Additionally, new child support technicians are being hired. The primary function of these technical staff is to relieve the social caseworkers of transportation and visitation duties, again with an emphasis on allowing caseworkers to spend more quality time with children and families. Hiring more child support technicians will result in doubling our complement of child support staff and assure a ratio of 1 support technician for every 2 Family Service Units.

One of the primary factors in examining the workloads of line staff in both Juvenile Probation and Family Service caseloads relates to the amount of time that is spent in court attending to cases. This was identified by a significant number of stakeholders as an area that

needed improvement. The Department, in conjunction with the Court, will implement certain changes which will address the amount of time spent not only in the primary court, but also in the specialty courts, such as the truancy court and the family drug courts. These changes will include:

- The practice of assigning specific court days to workers' cases in the Family Court will be reinstituted. This will allow workers to reduce the number of days that they are required to cover cases in that court.
- The Department in conjunction with the Court will analyze alternative methods of scheduling hearings before the Court. It is anticipated that this may entail the scheduling of cases or specific types of hearing to particular time periods during the court day. For example, it could be suggested that arraignments would be held between certain time periods during the Court's morning session.
- The Department in conjunction with the Court will develop standards which address the frequency of reviews of court matters. These standards will set the minimum time frames for revisiting case issues and provide a mechanism for the scheduling of cases sooner than specified.
- The Department and the Court in cooperation with community agencies will identify a geographic location(s) for piloting a community liaison within the truancy court(s). As specialty courts have been expanded, it has become more difficult for the Department's workers to effectively provide coverage for each of the Courts. This is particularly true with regard to the truancy courts which are held locally within most cities and towns' schools throughout the State. This collaboration will develop protocols for assistance to the court(s) that will facilitate local expertise and provide community-based services to youths and families who come before the court.

The Department will integrate the concepts of family-centered practice into Juvenile Probation through training by the Child Welfare Institute. This training will include implementation of the newly developed comprehensive family assessment and safety assessment tools.

The RI DCYF recognizes that workloads of staff across the agency, especially those working most directly with clients, have increased significantly because of the reductions in the numbers of staff for direct services and support services. Therefore, we will study direct care staff functions and compare them to the statutory responsibilities of the agency. This process will allow us to evaluate our organizational structure in order to increase operational efficiency that will support a regionalized service delivery system. It will also assist us in identifying resources, (internally and externally) that are needed to improve our ability to ensure safety, permanency and well-being for the children and families we serve.

These efforts have already begun through the work of the Internal Structure Subcommittee and the External Structure Subcommittee of the Department's Service System Redesign Committee. The Internal Group is beginning an evaluation of support resources currently

available within the Department and comparing those against identified support resources needed to strengthen Regional Offices, while the External Group is investigating potential models to use to develop a better system for managing the service needs of the children and families in our care.

The Department also recognizes the important role placement providers play in the achievement of safety, permanence and well-being for the children and youth in their programs. As required in RI Child Care Regulations, all group care facilities will be monitored for their compliance with personnel policies and training which assure new employees are provided essential child safety management. Additionally, the Department will ensure that all group care facilities shall incorporate family-centered practice and fully involve parent(s)/family in the treatment of children in their program.

Comprehensive Family Assessment

The Comprehensive Family Assessment (CFA) is the foundation for decision-making upon which all other casework is built. The CFA is intended to identify, consider and weigh factors that will have an effect on the safety, permanency and well-being decisions for the children and families open to the Department. The CFA and reassessment is integrated into our RICHIST system and is a part of the comprehensive assessment that includes safety and risk assessments for children/youth at home and in out of home care. The CFA and reassessment was designed to address the following areas:

- Identification of individual and family strengths that will assist the child/youth/family to address areas of need in the service plan
- Evaluation of the safety and well-being needs of all family members
- Exploration of resources available to the family, including family, social and community support systems
- Naming of family and kinship as potential placement resources with an emphasis on fathers and their extended family
- Identification of substance abuse, domestic violence, housing, unemployment, health and mental health issues that the family may face
- Gathering of information to identify and locate missing parents
- Assessment of underlying issues of abuse and neglect

The CFA was also developed as a universal tool for the Department to meet the diverse needs of all operational divisions including Family Services, Probation and the Training School.

A skill based, cross-divisional training curriculum for staff that will effectively build upon and enhance workers' skills in engagement and assessment will be made available to staff in Family Services, Probation and the clinical staff at the Training School. The curriculum design includes a full day of training in engagement and assessment skills and half-day hands on training on completing the assessment in RICHIST. The assessment training will include both theoretical and practical aspects of assessment as well as applied learning group activities.

Additional RICHIST training in the form of coaching will also be offered for staff in need of additional instruction on RICHIST functions.

To facilitate the delivery of training to the large number of staff in the operational divisions of the Department, a Training of Trainers (TOT) model has been created and was provided initially in January 2005 at the CWI. All of the trainers who participate in the TOT will be co-training with a CWI training specialist or an experienced employee. The CWI will schedule the actual training for staff. The design includes pre- and post- training evaluations that will assess the effectiveness of the training and guide any necessary modifications to the training curriculum.

The assessment policy and procedure is also in the revision process and needs to be included in the training. While a final document will not be completed before the training, a working draft policy and procedure is expected to be an integral part of the training. Final revisions to the policy will be made following the training of staff and initial implementation of the CFA in RICHIST. This allows for further clarification of issues that may arise during training and initial implementation. The Office of Practice Standards is responsible for promulgation of the assessment policy. The MIS office released the new CFA and reassessment in May 2005.

By mid-June, there were 16 training sessions completed for the comprehensive family assessment and reassessment involving more than 250 staff including supervisors and workers from Family Service Units, Juvenile Probation, and the Training School. Overall, feedback on the training has been good, and has resulted in some modification in the methodology being used.

Engaging Fathers

Specifically the CFA is expected to help increase the involvement of fathers in the lives of their children through programs of education regarding recognition of paternity, legal steps for compliance and penalties for non-compliance. Additionally, DCYF is working toward the development of an array of services that address issues of paternity, father specific parent information and training programs and policy and procedure for working with incarcerated Rhode Island Training School (RITS) and Adult Corrections Institute (ACI) fathers.

The Department is a member of the Father and Family Networks which is a central repository for father specific information. The Father and Family Network is administered by Rhode island Parent Information Network. The Network is comprised of public and private agencies that provide direct services and educational trainings/opportunities for fathers. The group meets to discuss strategies to shift the current policy and practices within agencies to increase the inclusion of fathers. The Network provides a venue for agencies to present current program designs, policies and best practices to include, engage and provide services for custodial and non-custodial fathers. The information and practices discussed can be implemented in the outreach to fathers that is part of family-centered practice.

The Department is also a member of the Father's Coalition which is a partnership between the Children' Cabinet and the Annie E. Casey Foundation. The Coalition is chaired by the

Office of Child Support Enforcement (CSE) and administered by a private agency. The primary focus of the Coalition is as follows:

- Enhance the relationship with Child Support Enforcement (CSE) and identify a strategy to educate fathers regarding recognition of paternity legal steps for compliance and penalties for non-compliance. The Department is engaging young fathers at the RITS and non custodial fathers with children open to the Department.
- Develop a statewide network of services specifically to assist fathers with paternity issues including visitation for non custodial parents and parenting information for all fathers. The Department is working to design and implement parenting programs that are father focused.
- Create training with CSE, Labor and Training, DHS and DCYF to provide education and information regarding best practice and policies to be delivered to community social service and state service providers. Have information infused in training; and
- Develop policy and procedures for incarcerated (RITS and ACI) fathers to receive services. Review and update current policy.

The Family and Children's Trust Fund, as part of the Community Based Child Abuse Prevention grant, provides funding to a community-based father's program to provide direct services, information and support for fathers. The Biennial Plan that governs Trust Fund activities considers fathers an underserved population, so priority is given to programs that include a father component.

The Department will continue to offer "Building Partnerships across Systems" training to community providers as it pertains to fathers and paternal relatives as resources for permanency and well-being. The Department will also continue to use the Parent Locator Program run by the Sheriff's Department and the Department of Human Services.

Culturally Competent Family-Centered Service Planning

The Department's service plan is time limited, individualized, strength-based and needs driven. It identifies the areas of risk and safety, and proposed services for each parent and child while addressing the unique needs of children and their families as identified through the completion of a comprehensive family assessment. The service plan is developed with the family and clarifies how each party will work together by identifying mutual responsibilities of each parent, child and the Department towards reaching the identified permanency goal. Revisions to the service plan have been designed to enable all divisions of the Department to utilize a single tool.

Several modifications to the service plan are being incorporated in RICHIST. The major changes include the following:

- Service plans will include a strengths page that is designed to document individual and family strengths that have been identified by the worker and the family. The strengths page will be incorporated into the service plan so that it may be shared with the family.

- Workers will have the ability to update the status of individual tasks under each objective in the service plan. Workers will be encouraged to review the service plan during regular meetings with the family to measure progress towards the achievement of individual objectives in the service plan.
- Workers will create individualized service plans. There are no longer preset objectives and tasks from which the workers may choose. This change was initiated to foster the development of service plans with families in language that is easily understood by all parties.
- Probation/Parole staff will incorporate the conditions of probation and any special conditions of probation for all youth in out of home care into the service plan.

Policy Development

Service plan policy and procedures are currently being revised to reflect changes in practice and procedures. Draft policy is under review by a representative group of staff. Once amendments are made to the current draft, a final draft will then be presented to Department leadership and community partners for review as part of the promulgation process.

Improved Safety Assessment (Investigative/In-Home/ Out-of-Home Care)

The Department is establishing standardized tools and procedures to assess child safety, beginning at investigation/intake and continuing throughout each placement for the duration of a child's involvement with DCYF. The result of this strategy will be to reduce the recurrence of abuse/maltreatment at home and in out-of-home care. Changes in documentation and procedure will result in a more efficient tracking of information provided through the Child Protective Service (CPS) Hot Line which does not meet criteria for an investigation but requires acknowledgement and, where appropriate, case management responses when the subjects of the report are active with other divisions of the Department.

Included in the change will be a procedure to identify, document and respond to reports of regulatory violations in out-of-home placements. Child Protective Investigations and Intake Summaries will be created in a uniform manner using specific templates which require the writer to provide specific information which documents the case facts substantiating safety decisions. Those standardized formats will incorporate information obtained from the standardized safety assessments and will require that all completed reports involving substantiated investigations contain appropriate safety plans in their narratives.

A workgroup consisting of DCYF staff from all divisions has developed a case management protocol that will ensure consistent and documented response to reports of situations that could potentially impact the safety, permanence, or well-being of a child. Changes in documentation will require that all safety factors be considered, that responses to the information are clearly documented and that information contained in these documents substantiates the final determination with regard to the disposition of cases. Further action steps include:

- The revision of the existing investigative safety assessment and training provided to CPS staff on this tool. Incorporated into training is how to develop viable protective plans to adequately address any threats to safety which are identified through the use of the Investigative Safety Assessment tool.
- Child Protective Investigators (CPIs) have not been required to adhere to a standardized format for the documentation of findings relevant to completed investigations. “Observations and Recommendations” is a blank template currently used to provide a narrative. CPS has designed and piloted a standardized format for documenting and summarizing the results of Child Protective Investigations. This format requires investigators to summarize the report which generated the investigation, any prior history relevant to safety, and all facts gained through the investigation which substantiates the investigator’s conclusions. The format further requires that a Protective (Safety) Plan be formulated and documented. That plan must address any threats to safety which were identified by using the standardized Investigative Safety Assessment tool and must document actions taken to control those threats. The purpose of the changes is to insure that safety decisions are supported in writing by the facts of the investigation. When children who are the victims in substantiated investigations are not removed from the home, the investigation will clearly reflect how the factors identified in the CPS Safety Assessment tool were controlled through a Protective Plan.
- Cases involving substantiated allegations and voluntary requests for services are sent to the Intake Unit. That unit either provides time-limited case management and closes cases, or transfers cases to Family Services. Intake workers summarize and document their involvement through an Intake Summary. CPS has designed and piloted a standardized format for documenting and summarizing Intake Summaries which will include the reason for the most recent opening to DCYF, a summary of any prior history, a risk score, plan for services, and documentation of the safety plan, concluding with the disposition of the case which must be substantiated by the facts outlined in the narrative. The revisions to the Intake Summary ensure that the Protective Plan developed by a CPI is reviewed to determine whether or not it remains appropriate. It will ensure that safety is again assessed before a family is sent on to Family Services, forwarded to a community agency for services or closed.
- The development of a draft of the In-Home Safety Assessment to be used by Probation and Family Services to evaluate safety in the family home, with the goal of reducing the risk of repeat maltreatment in the home. For children who were not removed from home, this tool will be used to assess any threats to safety which exist in the family home. For those children who were removed from home, this tool will assist in determining if reunification is appropriate. This tool will be administered at scheduled intervals, under circumstances defined by policy. Technical assistance will continue to be provided by the National Resource Center for Child Maltreatment. If a child remains in a living situation in which threats to safety have been identified, staff will be required to document interventions to control those threats and will be required to formulate and document a safety plan. The In-Home safety assessment ensures that safety in the family home is evaluated in a consistent manner throughout the duration of a child’s involvement with

Probation and FSU. For new cases assigned to FSU from CPS, it provides an additional review of the protective plan formulated in CPS. For Probation cases that are not assigned through CPS, it provides the first formal opportunity to conduct a safety assessment. In addition to reviewing the on-going safety of children living at home, the tool provides a formalized review of safety factors to be considered in the determination of the appropriateness of reunification for children who are placed out of home.

- The development of a draft of the Out-of-Home Care Safety Assessment to be used by Probation and Family Services to evaluate the safety of each child, in each placement with the goal of reducing the risk of maltreatment in out-of-home care. This tool will be administered at scheduled intervals for each placement to identify any threats of safety in the child's out of home living situation. If the child remains in a placement where threats to safety have been identified, the worker will formulate and document a plan to control each of those factors. The tool will be used to determine child safety and the appropriateness of continuing that placement.
- Family Services and Juvenile Probation will be required to make a specific monthly case activity note documenting the assessment of safety for each child in the family, regardless of living arrangement. Staff will be trained with regard to gathering information and making observations to specifically address safety. These monthly notes will reflect a review of the on-going effectiveness of safety plans which were previously formulated and will provide the opportunity to identify any changes which may need to be made in order to ensure child safety regardless of their living situation.
- The development of the Information and Referral process to replace the current "Early Warning" which documents reports to the Child Protective Services (CPS) Hot Line which do not meet criteria for a CPS investigation. The current Early Warning documents these reports, but does not require or link this information to any responses which may occur when the information involves participants who are active with other divisions of DCYF. The Information and Referral will require that workers assigned to participants who are the subject of these types of reports document receipt of the information and document any response to the information. While information classified as an Information and Referral does not rise to the level of an investigation, that information may constitute case management issues or regulatory concerns for children active with probation and family services, or service providers assigned to DCYF licensing. In those instances, the new procedure will not only document these calls, but under policy will require a documented response to address these concerns, which is currently not mandated by policy. The Information and Referral process has been formulated to ensure that staff who are involved with active cases or providers assess, address and document reports that do not meet the criteria for an investigation, but have involved regulatory or case management issues which may pose potential threats to safety.
- The development of procedure for addressing reports made to the CPS Hot Line which do not meet the criteria for a CPS investigation, but involve licensed providers for out-of-home care and daycare facilities. Those reports which meet criteria for regulatory violations will be designated as Information and Referrals and will be addressed by

licensing and program monitors through specific policy and procedure which will include graduated sanctions. Reports of corporal punishment by out of home care providers, which is prohibited, will continue to be assigned to Child Protective Investigators who will determine if the report warrants a complete investigation or if the situation falls under a regulatory violation. If it is concluded that the report constitutes a regulatory violation, assigned licensing workers and program monitors will be required to address the issues through a process of graduated sanctions which will be documented in the provider record and can be reviewed if additional reports are made. All CPS, FSU, Juvenile Probation, and Licensing workers as well as Program Monitors will be trained relative to the new policies and procedures. The new procedure seeks to ensure that issues which do not rise to the level of an investigation, but may pose potential threats to safety are documented, assessed and addressed in a consistent and timely fashion. That response and documentation will also serve to enhance quality assurance in foster homes and other regulated facilities.

- A policy directive has been issued by the Director regarding the placement of children in kinship homes prior to full licensure. It is now required that the placing worker complete a preliminary assessment of the home with an emphasis on the safety, permanence and well-being of the child being placed. Specific topic areas must be addressed and the prospective caretaker must sign, certifying that they have been advised of the rules governing kinship placement and that they agree to abide by those rules. The kinship caregivers are also given an information sheet which provides additional guidance on resources and departmental and community supports available to them. The policy memo also provides additional safeguards in that Licensing must re-confirm and re-review the preliminary information and if the licensing worker and the primary service worker disagree on the appropriateness of the placement, there is a protocol for taking their concern up the chain of command. The due diligence within this process provides an extra measure of safety for children being placed in kinship care.
- The implementation of safety assessment tools and documentation of the assessment of child safety from the point of investigation throughout case management and the regulation of licensed placements seeks to ensure that a consistent inter-related system of evaluation is in place. That system seeks to assess and ensure the safety of children regardless of living situation throughout the duration of their involvement with DCYF. The Information and Referral process seeks to ensure that those reports received by CPS which do not meet the criteria for investigation but involve families or service providers who are active with the Department are addressed. Those reports related to individuals active with the Department will be addressed in order to determine if case management or regulatory issues pose potential threats to child safety.

As described in the Agency's Partnership with Community, the Department is collaborating in the development of a regularized referral process for children under the age of three years old to the Early Intervention Program.

Legal Guardianship

The Department has identified the efficacy of seeking a waiver under Title IV-E to be able to utilize subsidies for guardianships. Relative guardians currently qualify for TANF payment through DHS. We have requested advice on how to obtain an across the board increase in TANF payments for children in guardianship arrangements i.e. allow guardians to receive \$327 (the current TANF payment of one child) for each child in a sibling group.

The Department will revise and promulgate its policies to provide for the use of guardianships in any case where guardianship would be an appropriate approach to attaining permanency.

Strategy – Family-Centered Practice

PIP-CFSP IMPLEMENTATION SUMMARY -	
GOAL 1 – <i>Create a community-based, family-centered service system</i>	
<p>Safety Outcome 1 – Children are, first and foremost, protected from abuse and neglect.</p> <p>Safety Outcome 2 – Children are safely maintained in their homes when possible and appropriate.</p> <p>Permanency Outcome 1 – Children have permanency and stability in their living situations.</p> <p>Permanency Outcome 2 – The continuity of family relationships and connections is preserved.</p> <p>Well-Being Outcome 1 – Families have enhanced capacity to provide for children’s needs.</p> <p>Well-Being Outcome 3 – Children receive services to meet their physical and mental health needs.</p> <p>Systemic Factor V – Case Review System</p> <p>Systemic Factor X – Foster and Adoptive Parent Licensing, Recruitment and Retention.</p>	<p>Person(s) Responsible:</p> <p>Tom Bohan Tom Dwyer</p>
<p>Action Steps:</p> <ul style="list-style-type: none">▪ Implementation of new “Information and Referral” process.▪ Revision of existing Child Protective Services Safety Assessment.▪ Implementation of safety assessment for each child in each placement.▪ Implementation of on-going safety assessment in FSU and juvenile corrections.▪ Training on Family-Centered Practice in Juvenile Probation and RITS▪ Educate DCYF staff and community providers regarding FCP and its relationship to fathers and paternal relatives as resources for permanency and well-being of children.▪ Increase engagement of fathers and paternal relatives in meeting permanency needs of children and youth.▪ Implement new comprehensive family assessment.▪ Implementation of a culturally competent FCP service plan across DCYF divisions building on family strengths to address needs, inviting and allowing family participation.	

GOAL 3 – <i>Promote adoption or other planned permanent living arrangement when reunification is not achievable.</i>	
Permanency Outcome 1 – Children have permanency and stability in their living situations. Systemic Factor X: Foster and adoptive parent licensing, recruitment and retention.	Person(s) Responsible: Tom Bohan Tom Dwyer
Action Steps: <ul style="list-style-type: none"> Revise DCYF policy regarding guardianships. Implement new licensing and regulatory process. Provide information sheet to family caregivers for resources, departmental and other community supports available. 	
GOAL 4 – <i>Transition all children and youth from public supported care with the supports, skills and competencies in place to ensure stability and permanency.</i>	
Safety Outcome 2 – Children are safely maintained in their homes when possible and appropriate. Permanency Outcome 1 – Children have permanency and stability in their living situations. Permanency Outcome 2 – The continuity of family relationships and connections is preserved. Well-Being Outcome 3 – Children receive services to meet their physical and mental health needs.	Person(s) Responsible: Tom Bohan
Action Steps: <ul style="list-style-type: none"> All group care facilities have and adhere to personnel policies and staff training policies which assure that new employees are provided essential child safety management information prior to assuming responsibilities of child care and are provided core trainings required under R.I. Child Care Regulations. Identify and address issues related to risk of harm in group care facilities. Review the appropriateness of permanency goals for older youth in care. Ensure that Purchase of Service/contracted group care facilities incorporate family-centered practice and fully involve parent(s)/family in the treatment of children in placement. Educate staff on the mechanism for documenting face-to-face contacts with youth and families. Work with the Medicaid managed care provider, Early Intervention, and other appropriate child development and family support providers to ensure comprehensive family assessments and service coordination with FSU. 	

+++++

FOSTER/ADOPTIVE PARENT (RECRUITMENT, TRAINING, AND SUPPORT)

GOAL 1 – Create a community-Based, Family-Centered Service System.

GOAL 3 – Promote Adoption or Other Planned Permanent Living Arrangement When Reunification is Not Achievable.

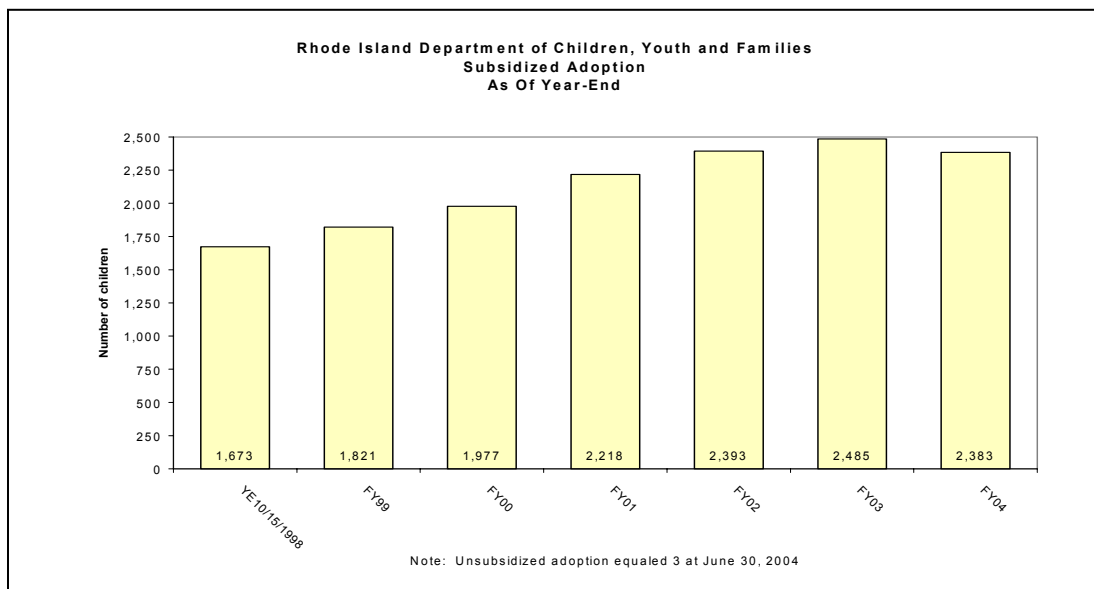
GOAL 5 – Enhance the Capacity of Employees, Foster Parents and Providers to Deliver High Quality Care to Children and Families.

<u>National Outcomes</u>	<u>Nat'l Standard</u>	<u>Measurable Objective</u>
➤ Recurrence of maltreatment within 6 months	6.1%	7.8% to 6.9% or less in 2 years
➤ Exits to adoption that occurred within 24 months from removal.	32.0%	49.8% or more in 2 years

The Department is working to establish and maintain family placements in as close proximity to home as possible, which provide sufficient, safe, stable, high-quality, and culturally relevant care.

Accomplishments: The national standard for exits to adoption is one for which the Department has a particularly high performance rating (Figure 3). Though the number of subsidized adoptions for FY 2004 shows a slight decline, the Department's success rate for promoting and supporting adoptions continues to be impressive. The emphasis, however, is also on improvement.

Figure 3



This past year, over 50 individuals, representing more than 24 agencies met for five months in three workgroups (recruitment, training, and support). Their formalized commitment to the process was to cooperate in the development of options for further consideration. With overwhelming interest and support, the three workgroups have opted to continue working through the sorting of options and recommendations to implementation, as partners in the enhancement of the foster care/adoption program.

An internal comprehensive review occurred for every foster home licensed by the department, resulting in an accurate inventory of placements by region of the state, by type (treatment, emergency, child-specific). As a result, Management Information Systems was able to import data to support the ethnicity and primary language of all homes for which that information had been input into the RICHIST. Further data clean up will be initiated to ensure that ethnicity and language are available for each licensed foster home and to ensure the availability, on line, of a more refined set of data on the desires and capacities of the foster families to accept children into their homes. Once this is in place, the department will have the on-line capacity to more effectively match children to foster family resources.

As staff from Regions I, II, III and IV participated in the workgroups and internal review of foster homes, they are now able to compare the existing placement resources with the identified needs of their respective regions. In so doing, they are beginning the process of determining what types of foster home resources are needed in the cities and towns under their jurisdiction. Additionally, they have detailed information on contracted foster home resources located in their regions and will determine which resources should be re-directed to better meet the needs of the children and youth in that part of the state (i.e. specific treatment needs, age, gender, location, etc.)

Strategies for Improvement

Recruitment of foster and adoptive homes is currently conducted by the department as well as by more than 10 other private child placing agencies. This leads to confusion and dysfunction. The recruitment workgroup will develop an inventory of agencies involved in foster and/or adoptive care; distribute this to all involved agencies and work with the agencies to develop a “no wrong door” approach for those interested in learning about or becoming a placement resource for children in RI.

Foster homes secured by private child placing agencies receive 24/7 support provided by the agency which recruited and services the homes. However, such support is currently not available to the foster homes recruited and serviced directly by the Department. Therefore, the Department will be piloting a foster family support program in two areas of the state with the goal of expanding such support to appropriate homes statewide. One pilot will be in Region IV in the northern part of the state and the other will be in Region III, the southern part of the state. The service provider will be a child placing agency, experienced in supporting their own foster homes. The scope of the support and the specific families to be supported will be identified by the family service regional office.

Non-clinical supports are being coordinated by the RI Foster Parent Association which is expanding its coverage area to all licensed foster parents (including those operating under private

contract with other child placing agencies). Additionally, under its highly successful Mentor Program, the RI Foster Parents Association works with newly licensed homes during the first year of their fostering experience. A peer-based support system, the program is conducted through telephone support and special activities.

Implementation of a new licensing law allows for licensing once every two years (as opposed to annual re-licensure). Licensing staff are now able to accommodate the recommendation of visiting new homes sooner and more frequently.

Our community partners provide a valuable service by recruiting, training and supporting foster homes which service children with a variety of treatment needs. Notwithstanding the fact that they do what we contract with them to do and compensate their foster parents at a rate agreed upon by the Department, there is no consistency across all private providers and the Department in terms of rates paid and services provided for children with same or similar treatment needs. Additionally, for the most part, rates paid to foster parents based on the presenting needs of children are not modified when the needs decrease over time. It is incumbent upon the Department to research and develop a comprehensive system which includes types and levels of services and compensation based on services provided which can be applied to all contracted and directly administered foster care in a uniform manner. The Department will research the rate structure in other states to determine if an existing model or portions thereof can be adapted to Rhode Island pursuant to development of a more equitable payment system consistent with the needs of the child in placement.

The Department will use a dual approach to increase the use of cross-jurisdictional placements in order to improve timely permanency options for children.

- 1) We will continue the successful “matching” meetings with representatives from the other New England States begun in late 2004, with a goal of increasing our adoptive resources. The relationships developed with colleagues in these states as well as their close physical proximity make this a promising approach to overcoming the reluctance of workers to place children out of state. In addition, we will be working with AdoptUSKids on efforts to further improve our practice in this area, including exploring the development of a practice protocol and training to support this effort.
- 2) The Department will also be working with the National Resource Center on Special Needs Adoption for technical assistance relative to cross-jurisdictional placements; and with private and public adoption agency staff and educational institutions in order to enhance the level of adoption expertise among clinicians in the State. This will be accomplished through the development of an Adoption Specialist Certification Program, which is being supported with \$40,000 in federal adoption incentive funds allocated to DCYF. These funds have been dedicated to Adoption Rhode Island for the purpose of facilitating research on certification models from other states, and coordination a core work group to develop recommendations regarding the design and development of an adoption certificate program which will engage educational institutions and third party insurers and other funders.

It has been pointed out that 80% of the adoptions in Rhode Island occur within foster families. Home studies for both foster and adoptive families are a critical measure for determining the appropriate match between a child and family, and particularly when the permanency plan goal becomes adoption. The Department is pleased to have been recently selected to participate in the Structured Analysis Family Evaluation (SAFE) program which provides DCYF with family evaluation tools and practices necessary to complete systemic, comprehensive and uniform psychosocial evaluations. This is an innovative model which will be piloted in Rhode Island to ensure a level of quality and consistency in the home studies for both foster and adoptive homes. SAFE is a research based methodology that has improved the accuracy of home assessments and promotes uniformity in its application, which is an underlying concern when families are transferring from one agency to another. The SAFE model has been endorsed by the Child Welfare League of America and is being implemented in a number of states by the Consortium for Children through an Adoption Opportunities Grant received in 2004.

It is also recognized that adoption preparation and post-adoption support are necessary to maintain and sustain an adoptive home. The Department provides post-adoption support services through its adoption subsidy contracts on an individualized basis, which can include financial supports, day care, respite or medical respite care services, and therapeutic recreation. Additionally, adoptive parents given information about parent education and support group meetings that they are able to access through provider agencies such as Adoption Rhode Island, Casey Family Services, and Children's Friend and Service. These adoption education and support services are available and accessible for all families of adopted children, including families with children adopted internationally.

Strategy – Foster/Adoptive Parent (Recruitment, Training and Support)

PIP-CFSP IMPLEMENTATION SUMMARY -	
GOAL 1 – <i>Create a community-based, family-centered service system.</i>	
Child Well-Being Outcome 3 – Children receive services to meet their physical and mental health needs. Systemic Factor VIII – Service Array	Person(s) Responsible: Tom Dwyer Joanne Lehrer
Action Steps: <ul style="list-style-type: none"> Develop and implement matching data to assist in foster care matching and placement. 	
GOAL 3 – <i>Promote adoption or other planned permanent living arrangement when reunification is not achievable.</i>	
Systemic Factor VIII – Service Array Systemic Factor X – Foster and Adoptive Parent Licensing, Recruitment and Retention.	Person(s) Responsible: Tom Dwyer Joanne Lehrer

Action Steps: <ul style="list-style-type: none"> ▪ Ensure diligent recruitment of foster and adoptive families that reflect children’s racial and ethnic diversity and meet treatment needs of children in the State for whom foster and adoptive homes are required. ▪ Ensure use of cross-jurisdictional resources to find placements. ▪ Increase monitoring of newly licensed foster homes. 	
GOAL 5 – <i>Enhance the capacity of employees, foster parents and providers to deliver high quality care to children and families.</i>	
Safety Outcome 2 – Children are safely maintained in their homes when possible and appropriate. Permanency Outcome 1 – Children have permanency and stability in their living situations. Well-Being Outcome 1 – Families have enhanced capacity to provide for children’s needs. Systemic Factor V – Case Review System Systemic Factor VIII – Service Array	Person(s) Responsible: Tom Dwyer Joanne Lehrer Maureen Robbins
Action Steps: <ul style="list-style-type: none"> ▪ Review, design and implement a more consistent support system for foster parents based on the needs of the child. ▪ Assist prospective families and existing providers in developing a “no wrong door” approach to recruitment, to reduce the number of prospective families that we lose. ▪ Develop a coordinated, more informed approach to recruitment across the State. 	

+++++

ESTABLISHING A QUALITY ASSURANCE *and* CONTINUOUS QUALITY IMPROVEMENT PROGRAM

- GOAL 2 – Establish a Continuum of High Quality, Culturally Relevant Placement Resources Proximate to Each Child’s Home.**
- GOAL 4 – Transition All Children and Youth from Public Supported Care with the Supports, Skills and Competencies in Place to Ensure Stability and Permanency.**
- GOAL 5 – Enhance the Capacity of Employees, Foster Parents and Providers to Deliver High Quality Care to Children and Families.**

<u>National Outcomes</u>	<u>Nat’l Standard</u>	<u>Measurable Objective</u>
➤ Maltreatment in foster care	.57%	1.09% to .95% or less in 2 years
➤ Children in foster care for less than 12 months who experienced 2 or fewer placements	86.70%	84.8% to 86.7% or more in 2 years
➤ Exits to reunification that occurred within 12 months from time of entry.	76.2%	71% to 73.42% or more in 2 years
➤ Children re-entering foster care within 12 months of a previous placement.	8.6%	21.3% to 19.5% or less in 2 years

The Department is working to establish a Continuous Quality Improvement (CQI) and Quality Assurance (QA) system. The system will be designed to reflect the philosophies of Total Quality Management. It will be the foundation from which we monitor and manage the program improvement plan by collecting and analyzing data and managing program improvement strategies that are stakeholder and data driven.

Accomplishments: Beginning with the early and fully operational development of the State-Automated Child Welfare Information System (SACWIS) and continuing through the 2001 establishment of the Rhode Island Data Analytic Center, DCYF has had a strong commitment to promoting data-driven decision making for practice and policy development. Currently, the Department has an established capacity to provide managers with real-time data about child welfare services, to monitor performance of community-based contracted programs, and to conduct focused studies of specific issues that face the Department and the families it serves. A practice that has been established in the use of data is to carry out a collaborative process in which data is shared with relevant work groups, often comprised of Departmental and community providers and other stakeholders, that ultimately results in recommended changes in Departmental practices and/or policies. With the planned establishment of a Data and Evaluation

Unit in the Director's Office, the Department will more fully integrate the QA functions essential to monitoring progress in the PIP with its already successful MIS and research/evaluation capacity.

As referenced earlier, the Department established the RI Data Analytic Center comprised of staff from DCYF, The Consultation Center at Yale University, Placement Solutions, RI Child Welfare Institute and the University of Rhode Island. In partnership with The Consultation Center at Yale University and Placement Solutions, DCYF developed and implemented performance measures for community-based and residential programs. A database was also developed to record performance measures submitted by contracted programs on a quarterly basis, and all contracted program staff were trained regarding the collection and submission of data.

The Consultation Center and Placement Solutions continues to collect data from providers quarterly, and provides completed analysis of that data to assist DCYF in monitoring program performance and working with providers toward system development and improvement.

Strategies for Improvement

The Department is moving deliberately, but cautiously toward the transformation to a learning organization. We will focus the efforts of our PIP on building and staffing a quality assurance function much like the Federal CFSR. The QA function, supported with a QA Advisory Group, topical reviews within the Regions, ARU enhancements, and Children's Behavioral Health provider performance measures, will be incorporated into our Continuous Quality Improvement efforts as they progress.

The first step the Department will take toward instituting Quality Assurance practices is the establishment of a Data and Evaluation Unit. This Unit will be responsible for developing and coordinating all of the department's data management, measurement and analyses functions. Quality Assurance reviews, PIP monitoring, measurement and analysis will be instituted. Quality assurance staff will work with a QA Advisory Committee comprised of key internal and external stakeholders, comprised of representatives of each of the Department's Divisions, Central Management and the Director's Office, the Office of Health and Human Services, community providers and organizations, families, Family Court and the Legislature. This QA Advisory Committee will also include Placement Solutions and the Data Analytic Center for the purpose of:

- analyzing the data from formal regionally based case reviews
- monitoring and analyzing of quarterly PIP measurements and
- converting the analysis into improved policy, practice and training.

A pilot review based on the federal CFSR model, applying its forms and processes, will be conducted in Providence using the 2004 onsite review findings as a baseline for comparison and to track practice improvements. Two additional regions will be selected and reviewed before completion of the PIP time-frame.

The process of conducting the CFSR-like review will require identification of a centrally located CFSR coordinator as well as a site coordinator within the Regions. The Department will develop the instrument for conducting the reviews, identify and train reviewers which will be representative of staff within the Divisions and Family Service Units across the Regions, and include external partners that are integral to case related activities. The case sampling and interview process itself will be streamlined to include only case-related stakeholders – representative of key internal staff, provider representatives, and identified family members. This initial phase will be completed within the first and second quarter of the PIP. The review dates will be scheduled, with preparation activities on case samples taking place one month prior to the Regional review. This first review which will take place in Region I, representing the City of Providence, will take place in the third quarter. It is anticipated that for the first review, half of the assessment will be available online through RICHIST records. Hard copies of the sample cases will be needed to complete the assessment; however, once the CFSR instrument is incorporated into RICHIST, it is expected that the full assessment will be able to be conducted online.

Also within the third quarter, the state and community review teams will be identified for the second Regional CFSR. This Regional review will take place in the fourth quarter. The CFSR for the third Region will begin in the fifth quarter.

<i>Quarter</i>	Regional CFSR Implementation Process
1 st 2 nd	Identify coordination staff Develop CFSR instrument Identify and train state and community reviewers
3 rd	Conduct review in Region I Identify and train state and community review teams
4 th 5 th	Conduct review in Region 2 Conduct review in Region 3

The Department will take necessary time to assess the process in conducting these three Regional reviews prior to moving forward with its fourth review. The DCYF intends to institute a modified CFSR process to monitor quality assurance, and this will allow the Department time to determine how well this process functions and make adjustments prior to formally adopting the modified CFSR for its quality assurance mechanism.

The broader Quality Assurance Advisory Committee will play a vital role in assisting quality assurance staff identify and monitor practices and trends that lead to conformity/non-conformity of the outcomes and making recommendations for maintenance and/or improvements.

The full Committee will meet at least quarterly to review data and ARU findings relative to the PIP quarterly reports. This committee will be arranged into subcommittees to focus on measures relating to safety, permanency and well-being, and determine any corrective action strategies that may be necessary. Additionally, as needed, the QA Advisory Committee will form subgroups focusing on topical issues. These groups will conduct a case analysis to target specific barriers that impact performance at the individual, unit, regional, divisional and organizational level.

Strategy – Establishing a Quality Assurance and CQI Program

<i>PIP-CFSP IMPLEMENTATION SUMMARY –</i>	
GOAL 2 – <i>Establish a continuum of high quality, culturally relevant placement resources proximate to each child’s home.</i>	
Systemic Factor IV – Statewide Information System Systemic Factor VI – Quality Assurance System	Person(s) Responsible: Patricia Martinez Janet Anderson Leon Saunders
Action Steps: <ul style="list-style-type: none"> Continue and expand data collection efforts in the Division of Children’s Behavioral Health by collecting individual level data from providers on children involved in child welfare and CASSP services. Implement a Quality Assurance System within the Department. 	
GOAL 4 – <i>Transition all children and youth from publicly supported care with the supports, skills and competencies in place to ensure stability and permanency.</i>	
Safety Outcome 1 – Children are, first and foremost, protected from abuse and neglect. Child Well-Being Outcome 1 – Families have enhanced capacity to provide for their children’s needs. Systemic Factor VI – Quality Assurance System.	Person(s) Responsible: Patricia Martinez Bruce Rollins Janet Anderson Leon Saunders
Action Steps: <ul style="list-style-type: none"> Families will be included in the Department’s broader planning and quality assurance efforts. Continue and expand relationships with families of children with SED, and biological families of children involved with the juvenile justice system and who have been victims of abuse/neglect. Implement ARU developed service plan review form to collect data on safety, permanence and well-being items. 	

<ul style="list-style-type: none"> ▪ Monitor the Department's improvement on the following measures: <ul style="list-style-type: none"> ○ Item #2a – Repeat Maltreatment Item #2b – Incidence of Child Abuse and/or Neglect in Foster Care ○ Item #3 – Services to Prevent Removal ○ Item #4 – Risk of Harm ○ Item #5 – Foster Care Re-Entries ○ Item #6 – Stability of Foster Care Placements ○ Item #7 – Permanency Goals ○ Item #8 – Reunification/Guardianship ○ Item #17 – Assessment of Needs ○ Item #18 – Case Planning with Family ○ Item #19 – Worker Visits with Child ○ Item #20 – Worker Visits with Parent ○ Item #22 – Physical Health of Children ○ Item #23 – Mental Health of Children 	
GOAL 5 – <i>Enhance capacity of employees, foster parents and providers to deliver high quality care to children and families.</i>	
Systemic Factor IV – Statewide Information System Systemic Factor VI – Quality Assurance System	Person(s) Responsible: Patricia Martinez Leon Saunders
Action Steps: <ul style="list-style-type: none"> ▪ Continue to build DCYF capacity for data driven decision making. ▪ Implement Continuous Quality Improvement principles within the Department. ▪ Develop and implement a process in RICHIST to sort reason for entry into child welfare, children's behavioral health, or juvenile justice – at the time of case opening and throughout the life of the case. 	

+++++

Permanency Planning – Administrative Review Unit (ARU)

The Department has an Administrative Review Unit (ARU) which is managed by the Child Welfare Institute. The ARU is comprised of nine staff, including one administrator. ARU staff are assigned to each of the DCYF Regions, and located within their regional offices to facilitate regularized and timely case reviews for children in foster care. In accordance with Department policy, service plans for children in placement are reviewed by the Administrative Review Unit beginning in the sixth month after a child enters care and every six months thereafter while the child remains in care. The Administrative Review Unit monitors the child's case plan for compliance with requirements of the Adoption and Safe Families Act (ASFA), with an emphasis

on a family-centered approach to case planning and whether or not the service plan was completed within the required timeframe. On average, the Department's ARU conducts 350 service plan reviews per month.

Department policy requires that a written initial service plan be completed for each child opened for service, regardless of the reason, by the assigned primary service worker within sixty (60) working days of the case being assigned to a Family Services worker. The service plan is expected to be developed with the family and child, if age appropriate. Other community providers and foster/adoptive parents are expected to participate in certain parts of the process. The service plan is entered into the RICHIST system which prompts the worker when updates are due. The plan must be updated every six months or, it may be modified more frequently if needed. Our RICHIST system provides real time information on service plan status of children active in each Region, Juvenile Probation and Parole and at the Rhode Island Training School for Youth (RITS). For example, the Department is able to know how many children have an active service plan; how many new plans were developed in less than 60 days; how many are the subject of an Interstate Compact on Placement of Children (ICPC); how many service plans are expired; and how many children do not yet have a service plan.

The Service Plan/Agreement is time-limited and goal oriented and identifies the proposed services for the parent(s) and child(ren), delineating the mutual responsibilities and expectations of the parent(s), the child(ren), and the Department towards reaching the identified permanency goal. Development of the service plan is linked to the family assessment that addresses the strengths and issues of the family and the individual child's needs. The child's case plan contains the following elements:

- case plan goal,
- objectives and tasks,
- projected date of goal achievement,
- preventive services,
- educational and medical information regarding the child, and
- the visitation plan, if the child is in placement.

The Department ensures that case reviews are all happening in a timely manner within the six (6) month review period through an automated messaging system. Family Service caseworkers receive an automated message via e-mail notifying them of the need to schedule a case plan review approximately six weeks prior to the time frame within which the review needs to be scheduled.

Once the caseworker chooses a date for the review, the scheduler within the Administrative Review Unit sends invitations and monitors the process. In an effort to improve attendance for case reviews, ARU staff have implemented a notification system through the RICHIST database for invitations to biological parents, legal guardians, foster parents, and youth who are 16 years or older to let them know of the upcoming reviews and encourage them to attend. As a result, attendance at ARU reviews has increased noticeably by biological, foster parents, and youth as well. Caseworkers are expected to assist parents and children with transportation to the reviews,

if necessary. Notification to other valuable participants, such as service providers, is a responsibility of FSU workers.

The ARU case review format is modeled on language required in the Adoption and Safe Families Act which addresses safety, child and family well-being, visitation, child's needs and services, involvement of family members in case planning and permanency issues. This format provides information for quality assurance, and allows ARU staff to determine such relevant issues as:

- what efforts were made to avoid the removal of children;
- if parents were included in the decision to place their children; and
- whether parents participated in the development of the case plan.

Activities of the Administrative Review Unit will intersect with the development of a Data and Evaluation function within the Department and support progress toward meeting our permanency outcome objectives in the Program Improvement Plan. Historically, recommendations that are provided by the review officer at the end of the review have not been used or tracked by the Department to determine outcomes over the six (6) months following the review. This will now change, as our MIS system develops capacity to be able to collect data from a newly designed form and measure outcomes from the recommendations.

For all youth over the age of sixteen (16), the service plan must include a transitional living plan and independent living skills assessment. Department policy also requires that youth, active in Probation who are placed in DCYF care, have a written Service Plan within thirty (30) working days of adjudication. Efforts to move the Department into compliance with this policy are progressing, but slowly; though, the service plan has been revised to meet the specific requirements of youth sentenced to probation. The ARU reviews probation service plans statewide.

+++++

IMPROVING FAMILY COURT RELATIONSHIPS/LEGAL ISSUES:

GOAL 4 – Transition All Children and Youth from Public Supported Care with the Supports, Skills and Competencies in Place to Ensure Stability and Permanency –

<u>National Outcomes</u>	<u>Nat'l Standard</u>	<u>Measurable Objective</u>
➤ Exits to reunification that occurred within 12 months from time of entry.	76.2%	71% to 73.42% or more in 2 years
➤ Children re-entering foster care within 12 months of a previous placement.	8.6%	21.3% to 19.95% or less in 2 years

The Department recognizes the distinct role and authority of the Family Court. It is DCYF's desire and intent to develop and maintain an effective working relationship with the Family Court that focuses on positive outcomes for children, youth and families.

Accomplishments: In October 2004, approximately 70 participants attended a one day Family Court-DCYF retreat focusing on issues ranging across the Department's broad mandate from juvenile justice re-integration programs relating to risk management for youthful offenders who are returning to their communities...to concerns about the response of child protective investigators to allegations of child abuse and neglect. This retreat provided a forum to clarify areas of misunderstanding between DCYF and the Family Court. The forum also provided an opportunity for problem solving on issues identified previously during a preparatory phase for the retreat. A number of new approaches to the issues were also proposed which DCYF and the Family Court have agreed to pursue with the appropriate panel.

The participants felt that the work group/team approach represented by this retreat was quite successful; and, as a result there was agreement that the forum would be convened on a twice yearly basis. The second retreat was held on May 13, 2005 with further discussion on systemic issues relating to the Training School, Juvenile Probation, Child Protective Services, Family Service Units and the Placement Process for children and youth needing intensive levels of mental and behavioral health treatment services. There was general agreement that DCYF would improve the manner in which it communicates case-related issues with the Court to ensure that court letters provide a critical summary of facts and the Department's desired outcome of the hearing in the opening paragraph.

Three workgroups were formed from this second retreat, focusing on the following areas:

- Training School and Juvenile Probation
- Responsibility and Interaction between DCYF and the Family Court
- Placement Issues

A work group regarding improvement of the assessment process which was formed from the retreat in October is working on development of a Court Clinic. This project is intended to pool funds being used by the Department's current court-ordered Diagnostic Assessment Service with the Court's Mental Health Clinic grant to develop a jointly managed Court Clinic. Overall assessment capacity will remain as now at about 500 youths a year, but the new structure will better meet the Department's and the Court's needs. The Clinic will have broader diagnostic capacity than the existing DAS program, especially in the forensic and substance abuse realms. It will also have a more flexible array of types of assessments, depending on the child and family's presenting needs and the type of questions that need to be addressed in a given case. This, together with on-site staff and enhanced capacity to triage and manage referrals will make for more efficient and timely assessments. Finally, a more direct tie-in with the Department's resource planning process will make for better coordination around placement and other services needed by the Court.

In recent years, Rhode Island has made significant progress in expediting the process of finalizing adoptions. The gains include significant improvement in the finalization of permanency outcomes for children as a result of initiatives generated through the Court Improvement Project. In addition to the above, there have been efforts to expedite the processing of DCYF cases on appeal to the Supreme Court. The Chief Judge of the Rhode Island Family Court has administratively implemented a process to expedite the docketing of cases in the Rhode Island Supreme Court once a notice of appeal has been filed in a DCYF case. In addition, the Chief Justice of the Rhode Island Supreme Court has administratively implemented a process which would expedite the processing of DCYF cases involving termination of parental rights on appeal. As a result of these efforts, the length of time that a case is pending appeal has been reduced.

In the fall of 2003 the Department of Children, Youth and Families initiated an aggressive tracking module of all children assigned to the custody of the DCYF and placed outside of the home. This tracking module helps ensure that permanency hearings be scheduled and heard within the applicable statutory time frames and that appropriate permanency findings are made to satisfy the requirements of ASFA. This process will also address the implications of 'pleas down' that were identified as being a concern of the stakeholders interviewed during the CFSR. Additionally, in support of this effort, the Chief Judge will issue an administrative order requiring that all juvenile justice permanency hearings be scheduled within 10 months of the case opening.

With a new administration coming into DCYF, more frequent communication has begun between the Department and the Court leadership. The director is committed to monthly meetings with the Chief Judge. Additionally, much of the interaction taking place between the Department and the Family Court is becoming more regularized on an informal basis which facilitates opportunities for better understanding and more expedient trouble-shooting where necessary.

Strategies for Improvement

Throughout this Program Improvement Plan, the Department references its work toward enhancing communication and problem solving activities with the Family Court; and, the

strategies for continuous improvement in this area include the three new targeted work groups that will be co-chaired by DCYF senior staff and Family Court judges. The Training School and Juvenile Probation work group will be shared by Warren Hurlbut, Assistant Director for Juvenile Corrections and Judge Michael Forte; the work group on Responsibility and Interaction between the DCYF and Family Court will be shared by Judge Gilbert Rocha and Stephanie Fogli-Terry, Child Protective Services Administrator; and the work group on Placement Issues will be shared by Dr. Janet Anderson, Assistant Director for Children's Behavioral Health and Judge Howard Lipsey.

Additionally, the Department will address issues relating to development of a standard format for Court letters, as referenced earlier. Such a structure will promote more efficient communication regarding the case information required by the Judges as well as the Department's position on the matter before the Court; and, facilitate having critical case information provided to the judges sufficiently in advance of the hearing date. The Department and the Court are continuing to consider ways to improve the efficiency of the hearing process by making better use of the calendar call and identifying the presence of parents for this process. This will result in less confusion, and more understanding on the part of both parties – DCYF and Family Court.

Also, on matters relating to termination of parental rights, as referenced earlier, the Department will institute further procedures to assure that the length of the TPR appeal process is further reduced; and, continue to monitor and improve the permanency planning process to ensure compliance with requirements of the Adoption and Safe Families Act.

Strategy – Improving Family Court Relationship/Legal Issues

PIP-CFSP IMPLEMENTATION SUMMARY -	
GOAL 4 – <i>Transition all children and youth from public supported care with the supports, skills and competencies in place to ensure stability and permanency.</i>	
Permanency Outcome 1 – Children have permanency and stability in their living situations Systemic Factor V – Case Review System Systemic Factor IX – Agency Responsiveness to the Community	Person(s) Responsible: Kevin Aucoin
Action Steps: <ul style="list-style-type: none"> ▪ Enhance communication and problem solving initiatives between the Family Court and DCYF. ▪ Develop strategies to expedite processing termination of parental right (TPR) appeals. ▪ Develop strategies to ensure compliance with permanency standards related to the Adoption and Safe Families Act (ASFA). 	

Chafee Foster Care Independence Program

The Chafee Foster Care Independence Program (CFCIP) is also incorporated within the Program Improvement-Child and Family Service Plan under Goals 3 and 4:

GOAL 3 – *Promote adoption or other planned living arrangement when reunification is not achievable.*

GOAL 4 – *Transition all children and youth from public supported care with the supports, skills, and competencies in place to ensure stability and permanency*

- **Safety Outcome 2** – Children are safely maintained in their homes when possible and appropriate.
 - Item #4 – Risk of harm.
- **Permanency Outcome 1** – Children have permanency and stability in their living situations.
 - Item #7 – Permanency goal for child.
 - Item #8 – Reunification, guardianship and placement with relatives.
 - Item #9 – Adoption.
 - Item #10 – Other planned living arrangement.
- **Permanency Outcome 2** – The continuity of family relationships and connections is preserved.
 - Item #14 – Preserving connections.
- **Well-Being Outcome 1** – Families have enhanced capacity to provide for their children's needs.
 - Item #19 – Worker visits with child.
- **Well-Being Outcome 2** – Children receive services to meet their educational needs.
 - Item #21 – Educational needs of child.

As of June 10, 2005, there were 362 youth between the ages of 14 and 17 with a case plan goal of other planned permanent living arrangement, and another 164 between the ages of 18 and 23 who were in an independent living arrangement or a supervised apartment arrangement. These 526 adolescents and young adults will have a transitional living plan (beginning at age 16) which will help to identify important services and supports to promote their development toward self-sufficiency. Programs include life skills assessment and training, artistic development programs, as well as services geared toward helping youth identify their work related interests, skill sets and job opportunities. This process actively links youth with employment opportunities and helps them to explore potential career goals; supporting their interests in higher education.

Key aspects of the Transitional Living Plan (TLP) strategies in our application for the John H. Chafee Foster Care Independence Program are critical to the broad goal for transitioning older youth from publicly supported care with sufficient support, skills and competence to live independently as productive citizens. The Transitional Living Plan documents whether a youth's life skills have been assessed and targets specific strategies that are being implemented to address the needs identified through the assessment process.

The Transitional Living Plan is included in all case plans for adolescents 16 and older in accordance with Departmental policy, and this is being captured in the automated case plans in our RICHIST system. A discharge plan, for youth 16 and older, is developed with the youth six months prior to their discharge from care and focuses on support needs including anticipated living arrangements, expenses and income, as well as identifying community resources for additional support. Youth are also assisted in obtaining essential documents such as birth certificates, social security cards, medical and educational records.

Findings from our CFSR revealed concerns from youth about their safety in group home and other residential settings. Youth in focus groups expressed concerns about their treatment by what they felt were inexperienced staff. These issues identified areas that are being addressed in this Program Improvement Plan in relation to our work to improve stability in placement settings which will include improvements in staff training and support, as well as possible changes in system response procedures. It is well recognized that a youth's feelings of support and well-being within his/her living environment relate to how well they are able to develop emotionally and perform academically.

The Department has created a LifeSkills Center through the Rhode Island Foster Parents Association (RIFPA) and the Rhode Island Council of Resources and Programs for Children and Youth (RICORP) to ensure that all youth 16 and over will be given the opportunity to complete the life skills curriculum developed by the Daniel Memorial Institute. The Department continues to make significant progress enhancing educational and employment opportunities for youth (including higher education).

Two core curriculum trainings are also provided for DCYF staff and contracted Transitional Living Program providers to promote greater awareness and understanding of issues involved in preparing youth for their exit from state care. These trainings are provided through the Child Welfare Institute by our TLP consultant, Kathi Crowe.

Over the past five years, additional changes have occurred through the implementation of the Chafee Foster Care Independence Program and Educational Voucher Program initiatives which include:

- An Annual Educational Planning Conference
- Annual Graduation Celebration
- Annual Computer Camp
- A program to collect and distribute household items for youth moving into an independent living apartment
- Annual Holiday Reception for youth in care
- Two new programs providing job skills, job placement and retention
- Expansion of the Teen Grant Program through increased available funding, and reduction in the age eligibility from 16 to 14 years of age
- Expanded activities with RIFPA, RICORP and Casey Family Services to provide a web site to serve as an electronic bulletin board to provide information and resource identification, as well as establish a mechanism for opportunities to do follow up on youth who have aged out of the child welfare system.

The process of identifying service and program needs for older youth in DCYF care is one that is shared and developed with stakeholders through regular meetings and discussions. This process involves DCYF social caseworkers, community-based programs and contracted program representatives, including the member agencies of RICORP, the foster parents' association, the Youth Advisory Board, professional staff from the Department of Labor and Training, the Office of Rehabilitative Services in the Department of Human Services, other social service agencies; e.g., Casey Family Services and AS220 (for artistic development). The Department has posted the Chafee Foster Care Independence Program progress report and application for 2006 on the DCYF website, and has sent copies of the documents electronically to many of the stakeholders for review and additional comment. The full Chafee Foster Care Independence Program progress report and application for 2006 is included in the appendices.

There have been no additional comments received relative to the web posting and distribution of the Chafee Plan application. As we move forward with our expanded community engagement efforts, the Department will maintain information on scheduled forums and planning activities with specific references to the community's involvement and participation in the development of the Chafee Foster Care Independence Program application.

+++++

PROFESSIONAL DEVELOPMENT TRAINING

GOAL 5 – Enhance the Capacity of Employees, Foster Parents and Providers to Deliver High Quality Care to Children and Families –

The Department is committed to ensuring that supervisors in Family Service Units and Juvenile Probation staff will have the skills, knowledge, and experience to provide effective leadership to promote improvements in safety, permanence and well-being for children, youth and families. Further, the Department is taking steps to ensure a stronger support system for foster parents that will improve their skills, knowledge, and experience to provide a safe and nurturing environment, and promote partnerships with biological parents and Department staff to provide for the best interests of the child(ren).

Accomplishments: *Family Service Unit (FSU) Pre-Service and In-Service Training:*

A 12 member committee, comprised of staff within the Department, is working on design and implementation of a training curriculum which involves identifying supervisory competencies as a core component. In addition to this workgroup, service providers' recommendations for supervisor training and feedback from focus groups comprised of supervisors will form the foundation of the curriculum. A moderator's guide has been

developed specifically for this purpose. The supervisory and community service providers' focus groups are on-going.

Staff from the University of Rhode Island are assisting us in reviewing, revising, and potentially implementing the Department of Human Services' Situational Leadership Training for Supervisors.

Juvenile Probation Pre-Service and In-Service Training:

A 10-member juvenile corrections committee is also working to design and implement a training curriculum. This committee has established the following priority needs:

- Pre-service and in-service training for juvenile corrections staff,
- Family Centered Practice training for juvenile probation staff, and
- Training to bring juvenile probation staff up to standards on RICHIST-related matters.

The committee has begun an internal and external search for appropriate training programs and training modalities. An agreement was signed with Brown University allowing juvenile probation staff to attend juvenile justice specific trainings. Modification of the Family-Centered Practice training for juvenile probation staff has begun. Additionally, committee members have been working with MIS staff to address juvenile probation RICHIST needs.

Strategies of Improvement

In an effort to develop both a pre-service and in-service training program for supervisors, CWI staff in conjunction with URI and a core group of supervisors from across the agency will institute previously drafted supervisory standards. These prior standards will be used to form the basis for the competencies needed to effectively supervise in a family-centered, quality focused environment. Existing training curricula from sister state agencies may be adapted for use by Department supervisors with the addition of topical training specific to the Department and its supervisory priorities. A workgroup involved in the curriculum development will continue to monitor implementation to ensure that the training is linked to hiring practices. The work toward developing Juvenile Probation Pre-Service and In-Service is proceeding in much the same manner.

In order to implement a pre-service training program for supervisors and/or juvenile justice staff, the infrequency of hiring and lag between hiring and training must be addressed. The CWI is developing a tiered approach which will more generically offer succession planning, career development and, at the same time, provide those desiring to become supervisors the initial preparation and training they need. Following successful passage of a certificate training program, it is expected that oral exams will be administered so that the training and exam can lead to placement on a civil service list for new vacancies.

Foster Parent In-Service Training

A major activity of the Foster Care Task Force has been to improve and/or expand current methods of training for foster and adoptive parents in order to ensure that they receive

sufficient training to successfully parent the children and youth in their care. This committee will coordinate, share, and maximize the training resources for all foster and adoptive parents to ensure the development of a comprehensive in-service training program for foster and adoptive parents.

Strategy – Professional Development Training

PIP-CFSP IMPLEMENTATION SUMMARY - GOAL 5 – <i>Enhance the capacity of employees, foster parents and providers to deliver high quality care to children and families.</i>	
Safety Outcome 2 – Children are safely maintained in their homes when possible and appropriate. Permanency Outcome 1 – Children have permanency and stability in their living situations. Well-Being Outcome 1 – Families have enhanced capacity to provide for children’s needs. Systemic Factor VI – Quality Assurance System Systemic Factor VII – Training Systemic Factor IX – Agency Responsiveness to the Community	Person(s) Responsible: Bruce Rollins Maureen Robbins
Action Steps: <ul style="list-style-type: none"> ▪ Develop and implement a pre-service and in-service training program for supervisors. ▪ Develop and implement a pre-service and in-service training for Juvenile Corrections and Probation staff to establish/enhance skills and knowledge related to job responsibilities. ▪ Train Juvenile Corrections and Probation staff relative to computer skills and RICHIST technology. ▪ Research, design and implement a statewide, in-service training program for kinship, foster and adoptive families. 	

Child Welfare Institute –

One of the most important accomplishments moving toward Goal 5 has been the formal creation of a Child Welfare Institute four years ago -- representing a partnership between DCYF and the Rhode Island College School of Social Work. Training over a six month period and extended supervision through the Institute supports the Department’s objectives to promote career-long professional training and development; and in time, will offer greater multi-disciplinary training opportunities relating to all aspects of DCYF operations.

The objectives toward achieving this goal rely heavily on developing and providing ongoing training to meet the changing needs of staff, foster parents and providers. As referenced in our Program Improvement Plan, over the past couple of years, the Department has been moving with steady momentum toward major practice changes, and changes within the institutional culture. The Child Welfare Institute has been the pivot point for many of these

initiatives to take hold in ways that allow the developmental process to unfold for agency-wide support.

Pre-Service and In-Service Training -

Since its inception in June 2001, the Child Welfare Institute has evolved a comprehensive training program to support the goals and objectives of the Department's CFSP/IP focusing on pre-service and in-service opportunities for all classifications within DCYF, as well as promoting collaborative training development with community-based social service agencies. One of the most beneficial aspects of the Child Welfare Institute training is a six month pre-service curriculum for new social workers in the Family Service Units. This pre-service training allows for new social workers to gradually integrate their classroom work with actual caseloads in order to provide an experiential approach to their work with children and families. In the past four years since the CWI began, five pre-service classes have been graduated. Classes run concurrently and in this past fiscal year, there were 48 social work students enrolled in the pre-service curriculum. Twenty-four students were graduated to take positions within the Department. A new class beginning in September has 35 students enrolled.

The Department also requires that experienced social work staff attend a minimum of 20 hours of training per year, and the CWI provides a full curriculum to meet this in-service requirement. The Child Welfare Institute provides 113 training sessions ranging from 3 to 18 hours to support continuous in-service staff development on topics including case planning; child development from infancy to adolescence; death, grief and traumatic loss; family centered practice; visitation; substance abuse; domestic violence; CPS interrogation and interviewing, etc. While the in-service covered a multitude of topics, those most frequently repeated focused on visitation, substance abuse, domestic violence and case plans/interviewing.

In addition, Spanish for social caseworkers and clerical staff, advanced family assessment, child development, prison visitation, psychiatric evaluations, sexual abuse, medical issues in abuse and neglect, interviewing and interrogation techniques for CPS investigators, numerous computer classes in RICHIST and with other programs; and, emotional intelligence for supervisors were training modules offered at least once over the last year.

The following list of in-service training topic areas is an example of the training program designed to promote staff competence in areas of safety, permanency and well being. In addition, the Department's IV-E Training Plan is included in the appendices:

- *Adolescent Training* - 3 separate programs to teach participants a developmentally based model for independent living, to teach assessment tools to measure an adolescent's level of skill and competency, and to use a team approach to providing independent living services.
- *Advanced Case Plan Training* - 1 day training - review of effective case planning and instruction on integrating family centered practice principles and developing strength-based case plans. The program includes actively involving the parents and children

(age-appropriate) both in the case planning activities and for input in the development of the actual case plan.

- *Child Development from Infancy to Adolescence: Normative development as a paradigm for understanding and intervening in abuse and neglect* - 3 day workshop - provides an overview of normative development in infancy, childhood and adolescence as a guide in the assessment and case planning for families in which abuse and neglect has occurred.
- *Computer Training* - With each new release of RICHIST, hands-on and/or on-site demonstrations are offered on the changes and how to navigate them to staff that are responsible for the respective data affected by those changes.

The CWI has also held several programs after the typical work hours of 8:30 - 4:00 which has been necessary in order to accommodate some work shifts within the department. This has been well received and has also proved to be helpful to staff who wish to take certain classes and need to plan in advance.

The Institute is also responsible for training new employees on RICHIST applications, as well as for re-training existing employees on any RICHIST changes that take place. Also, in conjunction with the Data Analytic Center at Yale University and the Muskie Institute at the University of Southern Maine, a curriculum of fact-based decision making was developed for DCYF supervisors and administrators.

Additionally, in the past couple of years, a three day training module for DCYF supervisors was developed by the CWI with the Special Needs Adoption Coalition and offered this past spring -- to promote greater awareness and understanding among supervisors for adoption related issues and dynamics.

Child Protection Division Training -

Three years ago, the Child Welfare Institute began working with administrators in Child Protective Services to design a training academy to replace the civil service exam as a way to enhance hiring of child protective investigators. A four week orientation for Child Protective Investigators (CPIs) began in July 2002. The Institute is coordinating the training of CPS staff in Forensic Interviewing.

Family-Centered Practice Training -

The Institute continues to lead the efforts on training department staff and the provider community in Family-Centered Practice principles. A 30 hour Training-of-Trainers was conducted for new FCP Trainers. The Institute is also responsible for coordinating the technical assistance from the National Network for Child Safety for the agency-wide implementation of Family Centered Practice-Neighborhood by Neighborhood Initiative. The Institute has assumed oversight of the Administrative Review Unit and its Family Team Meeting as part of the

implementation and functioning of family centered practice. **the institute also provides facilitative training to the care management teams.**

Training Partnerships –

The Institute has partnered with several organizations in Rhode Island to develop cross-training opportunities. These include:

- R.I. Dept. of Corrections
- RI Council on Resources and Programs for Children and Youth (RICORP)
- Children's, Friend & Service
- Providence Children's Museum
- Rhode Island Coalition Against Domestic Violence
- Neighborhood Health Plan of Rhode Island
- Providence College BSW Program
- Parent Support Network of Rhode Island
- University of Rhode Island Institute of Human Science and Services

In addition, the Institute has a training partnership committee, which includes all agencies conducting child welfare related training: Public, private, and higher education. Institute staff is represented on the curriculum committee and strategic planning committee at Rhode Island College School of Social Work.

Workforce Development -

CHILD WELFARE Institute staff were involved in the design and administration of the new Juvenile Probation/Juvenile Parole Supervisor Exams. The Institute took the lead in updating the Social Caseworker II Exam, and the development of the new Social Caseworker II Supervisor Screening Mechanism. The Child Welfare Institute also coordinates the placement of all student interns within DCYF. This includes students at the High School, Associate, Bachelor and Masters Levels.

Cultural Competence and Diversity

In January 2003, the Department of Children, Youth and Families was awarded a Certificate of Appreciation as a Rhode Island Diversity Partner. Signed by the Diversity Administrator at the Human Resources/Outreach & Diversity Office in the Department of Administration and Governor Donald L. Carcieri, the certificate reads in part, "...in recognition of your generosity and commitment to foster diversity good will in Rhode Island. Diversity supporters unite people, purpose, and places for peace, justice, and fairness."

The Department has a strong history and commitment of promoting diversity within its workforce. Diversity is defined as multi-dimensional including: race/color, ethnic origin, religion, gender, sexual orientation, disability, and age. For more than 10 years, DCYF has been recruiting a diversified workforce to address the overall goal of developing a workforce that reflects the cultural diversity of our clientele. Top priority goals promoting diversity are:

- To promote, safeguard and protect the overall well-being of culturally diverse children, youth and families.
- To develop a workforce that reflects the cultural diversity of our clientele.
- To provide services which are culturally aware.

The Department uses a variety of strategies focused on accomplishing these goals, including:

- | | |
|---|---|
| <ul style="list-style-type: none"> ▪ Mentoring ▪ Recruitment ▪ Management involvement ▪ Affirmative employment programs | <ul style="list-style-type: none"> ▪ Regular inclusion of diversity topics at meetings ▪ Recognition of diversity champions ▪ Community involvement and outreach |
|---|---|

Aggressive recruitment efforts are maintained through several initiatives. Within the past three years, the Department has been addressing diversity recruitment through mentoring, targeting secondary and post-secondary students with an emphasis on inner-city youth, committing staff time for coordination and site supervision, as well as funding to facilitate payment for travel and incidental expenses for interns who are being mentored.

DCYF does not have a line item in the budget to address diversity efforts; however, we do fund an outside consultant and dedicate a portion of two DCYF staff person's time to this effort. One is the Department's Affirmative Action Officer and the other is a staff person in the Director's Office. With no single individual or centralized unit of operation available to address our diversity efforts, the Department attempts to integrate the diversity goals in everything we do. Our strategies differ depending on the operational or administrative unit of operation where the goals are being addressed. The effectiveness of our strategies are measured through cultural audits, employee surveys, customer input and focus groups. DCYF also uses training evaluations, management/employee dialog and affinity/support groups.

The Department reported in its 2005 Affirmative Action Plan that there were 819 employees representing professional and support staff, which represents a workforce reduction of 5% over last year. Of this, 14.5% of the staff represents minorities. And, of the minority staff, 48% were female. The majority of the increase in diverse staff, however, has occurred just in the past six years.

Beyond the efforts aimed at new staff recruitment, the Department recognizes that improved diversity efforts must be made within the Department's operating divisions – and as earlier referenced, defines diversity as multi-dimensional. Towards that end the Child Welfare Institute offers the following training:

- Spanish Language & Culture for Child Protective Services, Family Services, and Clerical: 3 training programs teach basic Spanish, as well as emphasizing the unique knowledge and skills required by each division/classification.
- Working with Latino and Portuguese - 1 day program - designed to provide knowledge to any line staff that work directly with families regarding the trauma of

migration, values within families, and systemic factors such as isolation, discrimination, and encounters with bureaucracies.

- Gay, Lesbian and Transgender Issues - 1 day program - addresses the process of coming out for adolescents, the special needs of this population who are in the DCYF system such as placement issues, and the discrimination and oppression that lead to an increase in substance abuse, physical and sexual abuse, suicide, homelessness and depression in this population.

Additionally, the Department has merged the function of its previous Internal Diversity Committee with a reconstituted Affirmative Action Committee. This reformation of the AAC will have a broader scope to address issues beyond hiring. It is expected to address issues relating to employee retention and promotion, and continue to sponsor special Celebrate Diversity Days, such as a luncheon celebration held two years ago. This event was a diversity celebration luncheon in which staff prepared foods from their native culture. The room was also decorated with art and mementos of homelands. It was a wonderful opportunity for celebration and to promote informal conversations among employees throughout the Department.

An employee organization at the Rhode Island Training School also meets regularly and recognizes employees who perform work that embraces diversity and promotes cultural competency.

+++++

INDIAN CHILD WELFARE ACT

Strengthening the Indian Child Welfare Collaboration Team

- Systemic Factor IX – Agency Responsiveness to the Community.

The Department is working to establish a multi-disciplinary consultation and collaboration team comprised of representatives of the Narragansett Indian Tribe, Child Protective Services, Narragansett Indian Health Center and Hasbro Hospital. That team will meet regularly to review specific cases involving Native American Children to ensure that DCYF's practices toward ensuring the safety and meeting the needs of Native American children are culturally sensitive and in accordance with the Indian Child Welfare Act (ICWA).

Accomplishments: Members of the Indian Child Welfare Collaborative Team have been identified and have begun discussions toward enhancing intergovernmental relations between the

state and the Narragansett Indian Tribe representatives. Tribe representatives and DCYF staff are identifying opportunities for increasing awareness and understanding of the roles and responsibilities of each governmental body, including Native American culture and the sovereign responsibilities of the Narragansett Indian Tribe, as well as procedures relative the Indian Child Welfare Act.

The team is in the process of developing a comprehensive training series regarding ICWA to be presented to DCYF staff. The Team has also proposed a workshop for Narragansett Tribal Police to provide them with an orientation to the DCYF CPS investigative process. Initial planning has begun for tribal police to coordinate training for CPS staff relative to training they have received specific to ICWA.

The team has also identified the need for DCYF to provide on-going information about programs and services which are available in the community to all children in an effort to provide preventative services. The Team proposes to develop a strategy to engage community providers in the process of identifying services with the goal of educating those providers about ICWA and key cultural considerations to enable them to provide culturally sensitive services and increase the likelihood that tribal members will utilize the services when in need.

On June 6, DCYF staff met with the ICWA representative of the Narragansett Tribe and the Regional representative for the Administration of Children and Families to discuss general updates in the relationship between the Department and the Tribe in relation to ICWA procedures. It was acknowledged that the relationship between the Narragansett Tribe and DCYF is quite good, particularly with Child Protective Services. The discussion also focused on foster home recruitment and the feasibility of establishing a formal State-Tribe agreement. There are five foster homes currently within the Tribe, and it was not expected that that number would increase; however, this Tribal representative is willing to work with the Department on recruitment of homes outside of the Tribal community and to assist in promoting cultural awareness and education in the foster parent training.

It was agreed that the Department would use its current policies relating to ICWA (DCYF Procedure 700.0170 The Indian Child Welfare Act) as a basis for drafting a State-Tribe agreement. Existing policy (included in the appendix) addresses critical considerations relating to:

- Identification of Indian children;
- Notification of Indian parents and Tribes of State proceedings involving Indian children and their right to intervene;
- Special placement preferences for Indian children;
- Active efforts to prevent breakup of the Indian family; and
- Tribal right to intervene in State proceedings.

+++++

CHILD ABUSE PREVENTION AND TREATMENT ACT (CAPTA) Strengthening Child Protective Services

GOAL 1 – Create a community-based, family-centered service system –

<u>National Outcome</u>	<u>Nat'l Standard</u>	<u>Measurable Objective</u>
➤ Recurrence of maltreatment within 6 months	6.1%	7.8% to 6.9% or less in 2 years
➤ Maltreatment in foster care	.57%	1.09% to .95% or less in 2 years
➤ Systemic Factor IX		Agency Responsiveness to the Community

As referenced earlier in the Program Improvement-Child and Family Service Plan, significant progress has been made in restructuring the Department's approach to child protective services with the establishment of standardized tools and procedures to assess child safety. Efforts to strengthen Child Protective Services' skills and competencies with improved risk and safety assessment tools and enhanced technology support the Department's first goal to create a community-based, family-centered service system. The stronger emphasis on building community-based collaborations at the front end with the investigation and intake staff is designed to promote the Department's objective to reduce the recurrence of abuse/maltreatment at home, and for children in placement. As well, a revised safety assessment will be conducted for each placement a child enters during his or her involvement with DCYF.

As reported in prior Child and Family Service Plans, the Child Abuse Prevention and Treatment Act (CAPTA) requirements are aligned with the Department's efforts to strengthen its Child Protective Services division. The PIP safety outcomes and indicators are integrated into the activities outlined in the CAPTA plan.

CAPTA Plan -

Safety Outcome 1 - <i>Children are, first and foremost, protected from abuse and neglect.</i>		
Indicator	Benchmarks	Status
Item 1: Timeliness of investigations of reports of child maltreatment.	<ul style="list-style-type: none"> Establish screen-out procedures for hotline allegations. Establish forensic training modules for CPS investigators, ongoing interviewing techniques, and report writing. 	Ongoing
Item 2: Recurrence of child maltreatment within 6 months of investigation.	<ul style="list-style-type: none"> Train CPS Intake staff on revised family-risk and safety assessment protocols. Train CPS Supervisory staff on quality control measures and time management. 	Ongoing
		Being Developed

Safety Outcome 2 – Children are safely maintained in their homes when possible and appropriate.		
Indicator	Benchmarks	Status
Item 3: Services to family to protect children in home and prevent removal.	<ul style="list-style-type: none"> ▪ Cross-train community providers with CPS objectives to ensure focus on child safety and support for healthy family functioning. ▪ Implement safety assessment standards at every change of care for children in placement and at reunification. 	Ongoing
		Being Developed
Item 4: Risk of harm to child(ren).	<ul style="list-style-type: none"> ▪ Train CPS Intake staff on differences between safety and risk factors. 	Ongoing
	<ul style="list-style-type: none"> ▪ Refer all children under the age of 3 who are victims of a substantiated case of abuse and/or neglect for a developmental screen to determine eligibility for Early Intervention services. 	October '05
	<ul style="list-style-type: none"> ▪ Train CPS Intake and Investigator staff on EI services and networks. 	September '05
	<ul style="list-style-type: none"> ▪ Train Family Service Unit supervisors on EI services and networks. 	Ongoing
	<ul style="list-style-type: none"> ▪ Train EI providers on DCYF role and responsibilities. 	Ongoing

Over the past two years, the Department has established a forensic training module for CPS investigators to enhance skills in interviewing techniques and report writing. Additionally, the Department has been working with the National Resource Center on Child Maltreatment to improve its safety assessments and identify better procedures for handling calls that do not rise to the level of an investigation, more commonly known as “early warnings.”

In July 2004, the Department completed a re-validation study of its risk assessment instrument with the assistance of the National Council on Crime and Delinquency Children’s Research Center. Based on a sample of families, a study was designed to review a two year period of time subsequent to their initial investigation. The findings in the report did re-validate DCYF’s current risk assessment tool, but the report also suggested ways to improve the Department’s process for determining the level of risk. The CRC proposed a new risk assessment to reduce the number of classification categories from four to three. This would then classify categories of risk as low, moderate or high, eliminating a fourth category for “intensive”. The Department is currently redesigning its information management system (RICHIST) to implement the new risk assessment. This will strengthen the decision-making protocols for intake staff by establishing a more distinct separation relating to the characteristics that identify the level of risk.

The Department is also placing greater emphasis on improving family support and family preservation services at the initial contact with the Department. The intake staff are developing greater awareness of the service array and availability within the communities, seeking opportunities to strengthen a family’s support system as a means of averting more formal

involvement with DCYF. These services are a valuable resource for families to be able to remain intact within the community and within their homes. Toward that end, administrators in the Child Protective Services Division have increased their contact with community providers, learning about the resources that are available and the necessary referral criteria for helping families to access a range of services.

Earlier this year, the Department began the Safe Families Collaboration program with the Rhode Island Coalition Against Domestic Violence and one of its advocacy agencies located in DCYF's Region IV. This program, supported by funding through the Children's Justice Act/CAPTA grant, was begun to assist the Department to address the needs of children who are exposed to

Data Based on Reports in 2003	Statewide	DCYF Region IV	Safe Families Project Cities
Number of DV Reports to State and Local Police	8,389	3,354	1,003
Number of Children Present	2,684	1,061	334
Percent of DV Incidents with Children Present	31.90%	31.60%	33%

violence in the home and the adult victims of domestic violence. The Safe Families Collaboration seeks to preserve families by linking them with community-based services and strategies that include domestic violence support, employment counseling, parenting skill development, financial management assistance, substance abuse treatment, as well as other identified needs.

This collaboration is one of a few in CPS operations around the country in which a domestic violence advocate is co-located within the Child Protective Services offices. The experience has been quite positive at DCYF as investigators have begun seeking the advocate's assistance on more and more cases in which family violence is identified. In some situations, the advocate has accompanied DCYF staff on investigations. The Safe Families program began in December 2004, focusing on two cities (Central Falls and Pawtucket) where the number of domestic violence calls was particularly high. The impact of this collaboration has been quite impressive in such a short time. As of mid-May, 120 families have been assisted through this collaboration. No children have been removed, and, so far, there have not been any repeat CPS complaints for these families. Beginning in October, the Safe Families Collaboration program will expand to assist CPS investigations in the City of Woonsocket, farther north in Region IV.

The Department has also expanded a contract with one of its larger community-based agencies to promote intensive family preservation services for families who would otherwise be opened to the Department's Family Service Units. The Project Family contracted services are accessed by the Intake Unit and cases are monitored for up to a year with an intake services social worker. Clinical and case management services are provided for up to 20 families concurrently usually twice a week to promote and maintain healthy family functioning.

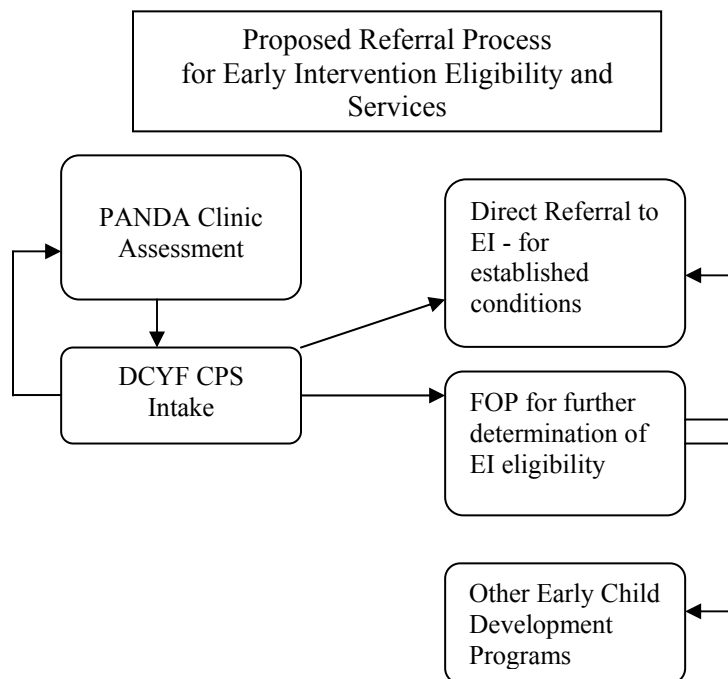
Another innovative program through the Intake Unit is Mom-to-Mom. This project was begun two years ago with Women and Infants Hospital, the state's primary birthing hospital. Initially supported through the Children's Trust Fund, Mom-to-Mom offers supportive mentoring and counseling for new mothers referred by the Women and Infants social work staff.

This program is now being contracted to provide supportive services for up to 10 mothers of newborns that come to the attention of DCYF as a diversion through the Intake Unit. This program is now being supported with IV-B funding. An initial training with Child Protective Service staff was well received. Intake social worker staff will monitor the program's activity.

The Department has also contracted with the Rhode Island/Hasbro Children's Hospital to establish a Pediatric Abuse and Neglect Diagnostic Assessment (PANDA) Clinic, which is providing medical examination for children and youth who are the subject of an investigation or are siblings within a home where an investigation occurred. Examinations must be performed within 24 hours of the CPS investigation, in compliance with state law, to provide documentation as to whether there is evidence of abuse or severe neglect. The new program, which is an expansion of the Child Protection Clinic at Hasbro Hospital, began last year with Children's Justice Act funds and is now being transitioned to state funding. The program has an attending physician, a pediatric fellow, and a nurse practitioner on staff. The PANDA clinic is seeing approximately 40 children/youth per month.

Additionally, the PANDA clinic will provide a global developmental screen on all children under the age of three who are presented for an examination to establish evidence of abuse and/or neglect. This screen will provide guidance to Child Protective Investigators regarding referral recommendations to either an Early Intervention program directly or to the Family Outreach Program (FOP), which is funded under IDEA, Part C, to determine EI eligibility. The Department's efforts to establish a regularized referral process to Early Intervention services or other early child development programs for children under the age of three have been moving deliberatively in collaboration with the Department of Human Services, which is the lead agency for EI and with the Department of Health, which is the lead agency for FOP. The Interagency Coordinating Council (ICC) has also been integral to the discussions regarding the design for a referral mechanism.

Referrals are continuing to be made from DCYF to EI providers, but there is not yet a regularized process in place. The main issue is one of capacity constraints for the EI providers. There are seven providers in nine locations throughout the state. There are approximately 1,600 children under the age of three currently enrolled in Early Intervention services statewide. Of this number, an estimated 180 children are DCYF involved. The current enrollment in EI is straining the capacity for EI providers to meet their regulatory timelines for conducting family



assessments and convening the Individual Family Assessment Planning (IFSP) meetings. The number of DCYF involved children who could potentially be enrolled in EI services would increase the volume for EI providers by an estimated 500 children on an annual basis. The Department, in collaboration with DHS and DOH, has proposed a referral process, as outlined in the flow chart.

Discussions are continuing with the EI providers, DHS, DOH and at regular meetings of the ICC regarding implementation steps. There continues to be uncertainty over whether referrals should be triaged prior to being sent to Early Intervention providers. At present, the Department is looking at the feasibility of having a pilot in the Greater Providence area. This would generate data on volume and identify the referral patterns, as well as help to problem solve some of the barriers; e.g., better defining the rights and roles of surrogate parents within the EI system when DCYF is involved.

Prevention-focused Family Support –

Funds appropriated through CAPTA support a community-based Family Renewal Program which is operated by the John Hope Settlement House in Providence's West End. The program consists of case management which provides home-based supportive services to low income families who are at risk of becoming involved with the child welfare system. The average length of time for case management support is about 3 months.

Over the past three years, approximately 520 families have been served in the case management program, and through the program's drop-in center. The most frequent referrals from hospitals, self-referrals, DCYF and the CES programs. Families often reported that they needed help with family relationships; isolation; and financial problems. Program staff also report that families experience significant issues related to housing, immigration, and accessing resources. Overall, results of families who have been involved in the Family Renewal Program have represented gains in areas such as:

- Increased parenting ability
- Improved family safety
- Increased community involvement
- Increased self-sufficiency
- Decrease in at-risk status
- Decreased isolation

Citizen Review Panel –

CAPTA funds continue to support the Citizen Review Panel which works closely with DCYF's Child Protective Services Division to assist in determining whether cases involving child injury may have actually been accidental or intentional. The Citizen Review Panel also provides a forum for representatives of multiple disciplines to discuss complicated cases and receive guidance in making appropriate determinations regarding such cases where the evidence is ambiguous. As pointed out in the report, the child abuse reporting statutes in Rhode Island present a broad legal definition which can create a degree of ambiguity, particularly for primary care physicians who do not specialize in

child abuse. This past year, the Panel met 48 times and reviewed a total of 601 cases, averaging approximately 12 cases per session.

Activity Report of the Citizen Review Panel

	<u>2003</u>	<u>2004</u>	<u>2005</u>
Sexual abuse	262	293	334
Physical abuse	67	99	122
Child neglect	63	56	97
Emotional abuse	21	21	8
Failure to thrive	6	17	13
Accidental injury	17	39	25
Munchausen by Proxy	<u>1</u>	<u>3</u>	<u>2</u>
Total Cases	437	528	601

Of the cases reviewed, sexual abuse consistently represents between 55% and 60% of the total over this three year period. It has been reported previously by the Panel that cases involving “sexualized behavior” are presented almost on a weekly basis due to considerable ambiguity about reporting. The Citizen Review Panel discusses each case in question, and the panel reports that its decisions are frequently used to inform policies and/or practices. Cases in which there are ongoing issues of concern continue to be reviewed at subsequent meetings.

In last year’s report, cases of emotional abuse reviewed by the Panel produced considerable discussion about the legal and operational definitions of emotional abuse, leading to a recommendation by the Citizen Review Panel that a joint committee should be established to examine current operational definitions of emotional abuse to determine if revisions should be made. As a result, a committee has been formed and developed a survey which is being disseminated to physicians, schools and community social service agencies in order to gain better information about the identification of and prevalence of emotional abuse from various practice perspectives. The work group will reconvene once the survey results are completed. The full Citizen Review Panel Report is attached in the appendices.

Criminal Background Checks –

The Department conducts criminal background checks on prospective foster and adoptive parents in compliance with Section 106(b)(2)(A)(xxii) of CAPTA. These assurances are conducted internally within DCYF to determine if there has been any prior involvement with the Department in a substantiated child abuse or neglect case; criminal background checks are performed by the Attorney General’s Office through the Bureau of Criminal Identification. Administrators and supervisors within Child Protective Services and the Family Service Units now have access to the BCI and are able to conduct criminal background checks more expeditiously. Additionally, the Department is purchasing portable fingerprint scanning machines which will further enhance DCYF’s

capability for establishing clearances for prospective foster and adoptive families, including the adult relatives and non-relatives residing in the household.

CHILD WELFARE CONTEXT DATA

The Department provides statistical reports to the U.S. Department of Health and Human Services, Administration for Children and Families (ACF) through two important data collection sources: the National Child Abuse and Neglect Data System (NCANDS) and the Adoption and Foster Care Analysis and Reporting System (AFCARS). These two reporting sources compile data from child welfare agencies across the country to identify trends on performance – both, nationally, and state by state.

The Child Welfare Context Data provides information on Rhode Island's general population as it relates to children under the age of 18, and the number of children/youth who were involved with the public child welfare system as a result of investigations in which maltreatment was indicated. These data offer the Department an opportunity to track its performance quantitatively with respect to trends impacting the number, age and race/ethnicity of children/youth involved in investigations where there is an indication of maltreatment, and the number of cases opening to the Department as a result.

Based on trend data over the three year period from 1998 to 2000, the Department is able to see where changes impacting the State's population overall may be reflected in the cases that come to DCYF's attention. As an example, the data that are available over these years represent that the State's child population under 18 years of age has grown by close to 10,000 since 1998. There is a significant increase in the number of Hispanic youth in Rhode Island, while the number of white youth has decreased. Also, the percentage of children in poverty in Rhode Island is of great concern for policymakers and service providers working with families to promote safety, permanency and family and child well-being.

Child Welfare Context Data

A. Key Context Statistics

General Population	1998	1999	2000*
Total children under 18 years	237,917	241,180	247,822
Race/ethnicity (%)			
Alaska Native/American Indian	0.6	0.6	1
Asian/Pacific Islander	3.2	3.2	3
Black/African American	5.5	5.5	5
Hispanic	10.3	10.9	14
White	80.5	79.8	73
%Child population in poverty	22.8	14.3	16.5

* Based on 2000 U.S. Census

The number of child victims of indicated maltreatment investigations has begun an upward trend over the past two years, following an earlier period of decline (the number represents a duplication of the actual number of victims), while the number of reports alleging child maltreatment has been steadily decreasing over five years from 2000 to 2004, as represented in Table B.

B. Child Maltreatment Data (NCANDS SDC. 1998 – 1999; DCDC 2000 - 2004)

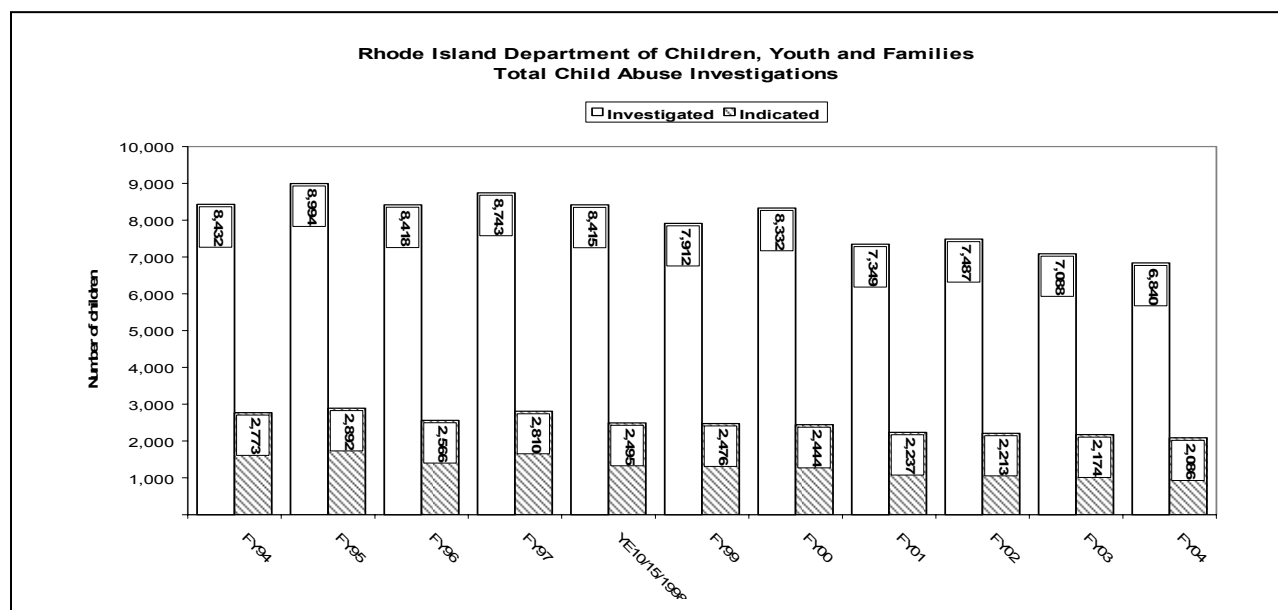
Maltreatment Information Overview	2000	2001	2002	2003	2004
Children subject of an investigated report alleging child maltreatment	11,616	11,397	10,822	10,412	9,947
Child maltreatment victims ¹	3,397	3,325	3,257	3,299	3,074
Child fatalities	3	5	1	1	3

1. Children with more than one report of substantiated or indicated maltreatment may be counted more than once.

Maltreatment Information - Rate	2000	2001	2002	2003	2004
Children subject of an investigated report alleging child maltreatment	46.9 per 1,000	46 per 1,000	43.7 per 1,000	42 per 1,000	40.1 per 1,000
Child maltreatment victims	13.7 per 1,000	13.4 per 1,000	13.1 per 1,000	13.3 per 1,000	12.4 per 1,000
Child fatalities of maltreatment victims	.88 per 1,000	1.5 per 1,000	.3 per 1,000	.3 per 1,000	.98 per 1,000

Over the past 10 years, the Department has conducted on average 88-hundred investigations annually, and on average 27-hundred cases or a little less than one-third (30.9%) have been indicated. (Figure 4)

Figure 4



Looking at the age breakdown below, the data represent an increasing trend in the number of infants substantiated for maltreatment under one year of age. The DCYF at present does not have a way of electronically quantifying the number of substance exposed newborns being referred for investigation through a Physicians Report of Examination (PRE) and 72 hour hospital hold. It is estimated that the number of PREs for newborns is between 130-150 annually.

Age of Victims (%)	2000	2001	2002	2003	2004
Under 1	9.8	10.6	10.9	10.5	12.2
1-5 years	29.9	28.8	31	30.3	28.7
6-10 years	30.6	31.1	27.7	27	27.1
11-15 years	24.3	21.2	24.3	25.3	25.2
16+ years	5.4	5.4	6.1	6.9	6.8
Unknown	0	0	0	0	0
Total %	100	100	100	100	100
Number	3,397	3,325	3,257	3,299	3,074

Race/Ethnicity of Child Victims (%)	2000	2001	2002	2003	2004
Alaska Native/Amer. Indian	1.3	1.7	1.3	1.2	1.8
Asian/Pacific Islander	1.9	2.5	2.5	3	2.4
Black	17.2	17.9	18.9	17.4	19.2
Hispanic	18.2	19.3	17.7	20.3	22.1
White	76.1	76.3	76.1	77.1	73.6
Other	-	-	-	-	-
Unknown	4.4	4.5	4.1	4.8	6.6
Total % ²	119.1	122.2	120.6	123.8	125.7
Number	3,397	3,325	3,257	3,299	3,074

Maltreatment Type of Child Victims (%)	2000	2001	2002	2003	2004
Emotional Abuse	0.4	0.3	0.5	0.2	0.9
Medical Neglect	3.2	2.4	2.4	2.8	2.5
Neglect	76.2	78.3	75.9	81.1	80.5
Physical Abuse	25.7	24	23.8	22.7	24
Sexual Abuse	8.2	6.7	7.9	7.6	5.8
Other	7.2	6.6	7.3	2.5	2.9
Unknown	-	-	-	-	-
Total % ³	120.9	118.3	117.8	116.9	116.6
Number	3,397	3,325	3,257	3,299	3,074

As part of the Department's work relative to the Child Abuse Prevention and Treatment Act (CAPTA) to establish policy on referrals for these babies, a modification will be made to the RICHIST system in the Intake Unit to directly identify these investigations. The DCYF also anticipates that a closer working relationship with Early Intervention programs and other early child development service providers will assist in

² Percentages may total more than 100 percent because Hispanics may be counted both by Hispanic ethnicity and by race.

³ Percentages may total more than 100 percent because children could have been victims of more than one type of maltreatment.

providing quality assessments and support services for the infants and toddlers, and their families, who are involved with the Department.

The full breakdown of DCYF statistics on child maltreatment, children in foster care and children adopted is included in the appendices. This data, overall, may help identify larger systems concerns which may be reflective of conditions beyond DCYF. In this sense, it is helpful to look at the children in child welfare systems as part of the entire social structure and not isolated from other important, perhaps larger systems in the public sector.

Effective planning and implementation of services to assist families attain improved functioning is dependent, largely, on other aspects of larger systems working to support the outcomes for children and families who are receiving services and assistance in child welfare. As DCYF moves closer to developing a planning and evaluation capacity, the context data and outcome measures will become an underlying basis for driving critical decisions in developing services and the delivery capacity for more effectively meeting the needs of children and families in our care. Importantly, too, this information can help develop more targeted and effective prevention strategies for vulnerable families.

NATIONAL CHILD WELFARE OUTCOME MEASURES

As previously referenced, the Department has established the Rhode Island Data Analytic Center in partnership with Yale University's Consultation Center in New Haven, Connecticut. The work of the Data Analytic Center over the past four years has created a strong foundation for DCYF's ongoing capability to conduct data analysis.

Over the past five years, DCYF has been tracking its performance on the National Child Welfare Outcomes, and while the Department's performance has been at variance with the national standards for the most part, the value of having this data has provided a framework for the Department to focus its attention on strategies necessary to effect positive change. Additionally, the Department is demonstrating performance that is better than the median on three of the five outcomes for which there are no standards, and this is encouraging.

While the specific targeted measures for improvement are the national standards and will be the primary focus of attention in the PIP over the next two years, the longer-term emphasis on continuous quality improvement for all of the national measures in this combined Program Improvement-Child and Family Service Plan is over the next four years extending through 2009. For the measures where there is no standard, the Department is proposing incremental improvement of 2% or more over the next two to four years; with the exception of measure 7.1, where we are setting a target of improvement at 5%.

National Outcome Data Comparisons

Measure	National Standard	Rhode Island 2000	Rhode Island 2001	Rhode Island 2002	Rhode Island 2003	Rhode Island 2004	PIP Projected Improvements
1.1 Recurrence of maltreatment within 6 months	6.10%	12.40%	11.00%	10.20%	11.10%	7.80%	6.90%
2.1 Maltreatment in foster care	0.57%	1.70%	1.60%	1.10%	1.58%	1.09%	.95%
3.1 Exits from foster care to a permanent home (adoption, guardianship, reunification)	No National Standard Median - 84.0%	75%	85.50%	86%	83.1%	85.8%	87.5+
3.2 Exits of disabled children from foster to a permanent home	No National Standard Median - 78.6%	69.10%	80.20%	77%	77.3%	80.7%	82.7%+
3.3 Exits of children age 12 or older at time of entry to a permanent home	No National Standard Median - 70.7%	59.50%	74.00%	75.00%	70.1%	74.8%	76.8%+
3.4 Exits to emancipation for children under age 12 at time of entry into foster care	No National Standard Median - 26.7%	17.10%	18.00%	17.70%	20%	35.2%	33.2%-
4.1 Exits to reunification that occurred within 12 months from time of entry	76.20%	63.30%	68.80%	66.10%	65.30%	71%	73.42%
4.2 Children re-entering foster care within 12 months of a previous placement	8.60%	20.80%	20.90%	19.20%	20.90%	21.30%	19.95%
5.1 Exits to adoption that occurred within 24 months from removal	32.00%	37.60%	43.80%	45%	50.70%	49.80%	49.8%+
6.1 Children in foster care for less than 12 months who experienced two or fewer placements	86.70%	72.60%	78.80%	82.20%	77.70%	84.80%	86.70%
7.1 Children age 12 or younger placed in a group home or institution	No National Standard Median - 8.4%	17%	19.4%	19.7%	19.2%	18.9%	13.9%-

The Department has identified changes that it needs to make in the descriptors it uses to inform the data collection for measures 4.1 and 4.2. The change will not count the children who are returning home on a trial basis as being reunified. Reunification will only be counted once legal status has returned to the parent(s). In effect, DCYF expects to see a negative impact with a reduction in the percentage of exits to reunification that occurred within 12 months from time of entry. On the corresponding

measure, 4.2, the Department expects to see a positive impact with a reduction in the percentage of children re-entering foster care within 12 months of a previous placement. Many of the children re-entering the Department do so while DCYF maintains legal status, so with the change in coding, we will not capture the trial home visits as reunification or re-entries. This change in the RICHIST system is targeted for application by the end of the year.

Also, as the Department establishes its Quality Assurance function, it will be able to take a closer look at some of the underlying factors relating to measures that represent concerning trends. For example, measures 3.4 and 7.1 have raised questions relating to the data. The QA function will be able to assemble focus groups within the Department to conduct a case review in targeted areas in order to determine:

- Whether the data are accurately reporting what is being represented
- Whether a policy needs to be developed or modified to address the issues being identified
- Whether the policies are intact, but a practice issue is identified that needs to be addressed through training and/or supervision

The RICHIST system will also be modified to capture data on foreign born adoptions that come to the attention of DCYF through disruptions within the family. At present, the Department does not have a sound mechanism for capturing this information. Data from the USCIS 2003 Yearbook of Immigration Statistics shows that there were 104 children adopted internationally by Rhode Island families in 2003 (the latest year for which information is available). However, as a means of identifying the number of foreign born adopted children and youth, we conducted an informal caseload survey across the four Regions. In these reports, we found that there are 7 children and youth who were adopted by families living in Rhode Island, and one adoption that originated with a Liberian family who immigrated to Rhode Island, and later disrupted. Most of these youngsters are older than 14 and have experienced residential treatment placements.

In order to capture international adoption information more definitively, a modification to RICHIST will be applied to the Intake Unit Staff who will be able to mark a check box identifying whether the child is adopted, and whether the adoption was international in origin. This RICHIST change will be completed within the first quarter of the PIP's implementation.

Through the Statewide Assessment for the CFSR, it was recognized that the agency's combined responsibility for child welfare, children's behavioral health and juvenile justice populations presents opportunities for systems integration and continuity of care, but it also poses challenges to the Department. Children enter the foster care system in Rhode Island because of abuse/neglect, and/or juvenile justice, and/or mental health or for reasons relating to developmental disability. It's understood that changes in our foster care population are effected by a multitude of factors in each of these disciplines and across disciplines. We report the case opening reason only at the time of intake and it is a complicated process which leads to errors in reporting. It also

does not capture changes during our involvement with a youth or family. It is not unusual for a youth to become involved with DCYF because of a delinquent petition, and later find that he/she has been abused or neglected or has a significant mental health problem. This is not currently tracked in a way that permits the information to be readily available; but, over the past six months, the DCYF's MIS Division has been designing the data system to capture these three portals of entry which will also allow the Department to track the case activity of children and families as they move through the system. This mechanism will quantify the number of children and youth who open to the Department for abuse or neglect, but later are linked with children's mental health services.

As well, the Department will be able to track children and youth on Family Service Unit caseloads who have a subsequent petition for adjudication through the Family Court. This change is critical for effective case planning and identification of services for youth who are concurrently involved in FSU and juvenile corrections. These enhancements to the RICHIST system will be completed by February 2006, allowing for identification of youth involved in juvenile corrections at the next scheduled case plan review. Youth who enter the Department for the first time subsequent to February 2006 will be able to be tracked if they move to the juvenile justice system. Additionally, any youth who is sent to the RITS for less than 30 days would remain active on the FSU caseload. Currently, the Department is able to estimate that 42% of the youth at the Rhode Island Training School (RITS) would have had a history of child abuse, based on a review of cases over a five and a half year period. The Department, with the Data Analytic Center at Yale University, reviewed cases involving 1,269 youth who were released from the RITS between January 1998 and August 2003 and found that nearly 533 had a RICHIST documented history of child abuse.

SECTION 103, ASFA COMPLIANCE –

As required by Section 103 of the Adoption and Safe Families Act, the Department reviews cases of children in care over 15 of the last 22 months. The focus on permanency planning continues to become sharper throughout the Department, as family service units monitor caseload activity on a monthly basis to track the ASFA timeline requirements and the progress being made by families. As demonstrated in the table below, there has been marked fluctuation over the past five years.

Review of Cases in Care 15 of 22 Months

	2001	2002	2003	2004	2005*
Number of cases with compelling reasons	911 (56%)	433 (48%)	377 (50%)	369 (45%)	618 (45%)
Number of cases with TPRs filed/under consideration, granted	373 (23%)	114 (13%)	156 (21%)	261 (32%)	223 (16%)
Number of children returned home, closed, N/A	90 (6%)	204 (22%)	133 (18%)	144 (18%)	236 (17%)
Number of cases pending review	246 (15%)	151 (17%)	78 (11%)	45 (5%)	306 (22%)
Total	1620 (100%)	902 (100%)	744 (100%)	819 (100%)	1383 (100%)

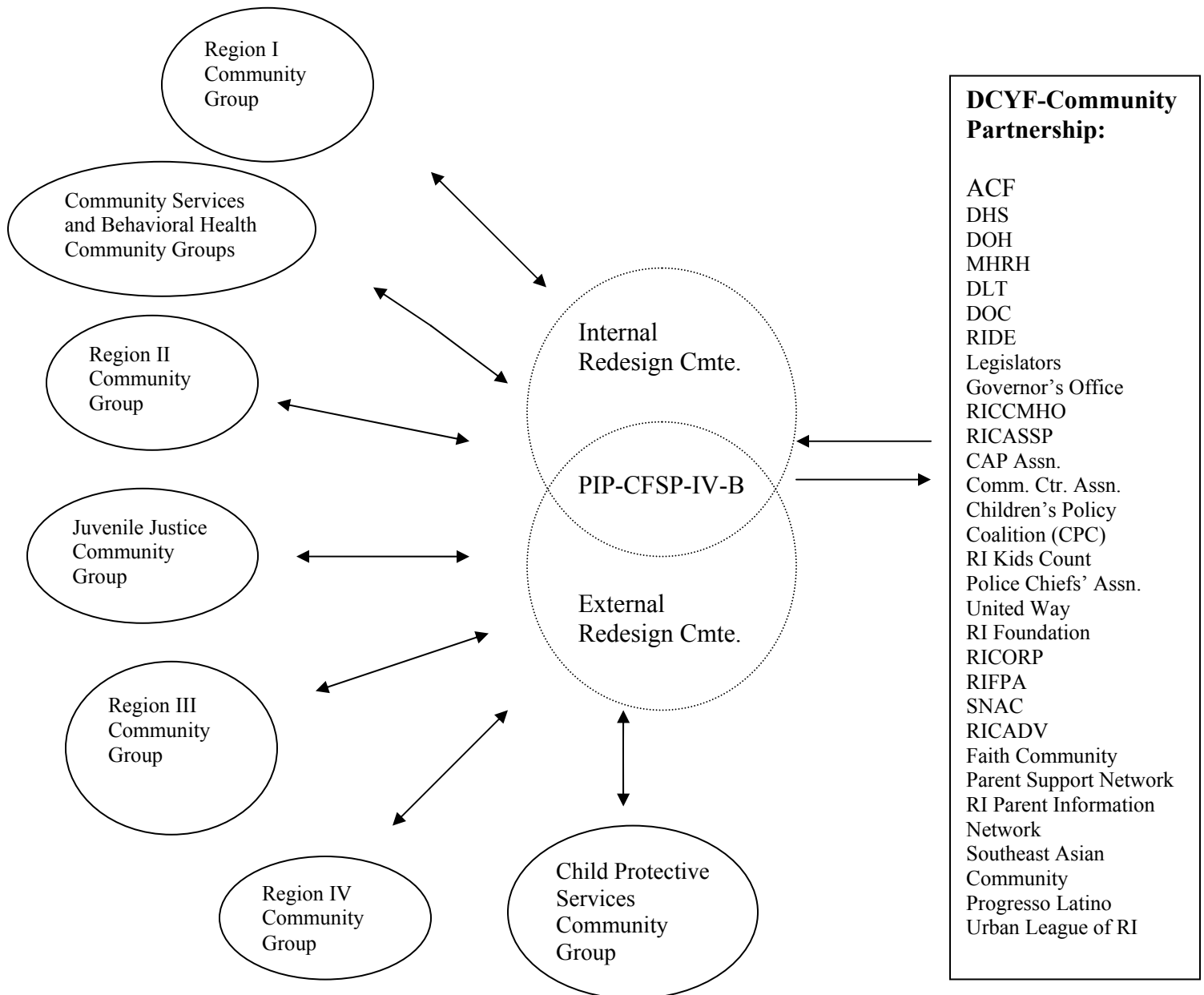
- 2005 Data as of June 2, 2005

The dramatic shift in the number of cases from 2004 to 2005 represents an increase of 85% in the number of cases pending review. The Department also experienced a 41% increase in the number of cases reaching the threshold for review, for children being in care 15 of the last 22 months. Additionally, over the past year, the Department experienced a significant number of retirements and transitions within state government from within the Family Service Units, which may be a factor in the spike of cases pending review.

DECISION-MAKING ON PROGRAM AND SERVICE INVESTMENTS -

As referenced earlier, the Department has begun and continues to involve more and more community and family stakeholders into its planning processes. As this process becomes more deliberate within the Regions and centralized operation, the focus on regularized community engagement and responsiveness will be supported through a structured communication plan for community involvement, as outlined below.

DCYF - Agency Partnership with Community Communication Flow Strategic Planning and Quarterly Report Mechanism



It is proposed that the Regional Community Groups will meet regularly throughout the year. The Internal Redesign Committee meets bi-weekly. The External Redesign Committee meets bi-monthly. The PIP-CFSP-IV-B Committee meets quarterly and will maintain ongoing communication as many of the participants are active in all planning structures. The PIP-CFSP-IV-B Committee will meet with the larger stakeholder community partnership semi-annually to maintain communication on progress with the Program Improvement Plan and continuous assessment of service and program needs within the Regional areas.

In keeping with DCYF's philosophy of family-centered practice, parents and family members will be key participants in each of these community forums; and in each group, there are representatives of many of the external stakeholder groups which offers cross-sectional integration for planning and service/program needs assessment across the state. Further, this structure will assist in the Department's continuous quality improvement efforts and inform development of the annual child and family service progress reports, as well as the quarterly reporting requirements for the Program Improvement Plan.

Community planning recommendations that relate to program funding will be considered for further action by a core internal IV-B Planning Committee. Decisions regarding Title IV-B and other program funding resources will be pursued in accordance with appropriate procurement procedures.

CHILD AND FAMILY SERVICE CONTINUUM –

The Department of Children, Youth and Families provides publicly funded programming throughout a continuum of services for the population of children and families it serves which include child welfare, children's behavioral health and juvenile corrections. Through its Community-Based Child Abuse Prevention (CBCAP) initiatives, the Department has integrated the work of the Children's Trust Fund to engage a statewide network of primary, secondary and tertiary child abuse and neglect prevention programs. Our Intake Administrator is becoming more familiar with these services as the Department looks for strong prevention-focused support programs to assist in diverting families from DCYF involvement, where appropriate.

Additionally, some of the funding through the Child Abuse Prevention and Treatment Act as amended by the Keeping Children and Families Safe Act of 2003 supports a community-based prevention program that also serves as a potential diversion from DCYF's child protective services. These services, with the IV-B funded programs, complement the state's continuum which includes prevention and early intervention programming for family preservation and support; substitute care living arrangements which include regular and relative foster care homes, as well as therapeutic foster homes, shelters, group homes, networks, residential counseling centers and residential treatment centers; supervised living apartments and independent living apartments; and after care programming which includes subsidized adoption, probation services, and end of

sentence case management support for youth leaving the Rhode Island Training School. Some of the wraparound case management structures and programs are available for children and families as a prevention/intervention service as well as aftercare supports. A description of the continuum of services is included in the appendices.

PROGRAM AND SERVICE DEVELOPMENT -

Family Support -

The Parent Support Network of Rhode Island was begun primarily to assist families of children with serious emotional disturbance who had no formal involvement with the child welfare agency. However, there is greater appreciation now for the trauma associated with child abuse/neglect and the impact that involvement in the child welfare system has on children and their families. The Parent Support Network is providing additional support for families through assistance with the Care Management Teams to help parents understand the role and responsibilities of the Department, as well as their participation in the process. More than half of the families assisted by PSN are looking for assistance because they've been told to file a wayward/disobedient petition on their teenagers.

The Department is also funding a Juvenile Justice Host Home Project which has proved effective in diverting youth from Family Court on Wayward/Disobedient petitions. It is operational in the southern part of the state in Region III working with local police departments and a community mental health center to assist families earlier with an effective intervention aimed at keeping youth in their own homes or in their community. Host homes are recruited within the community to provide necessary respite for youth and their families. Mediation is provided by clinicians from the local community mental health center who work with the police and help to link families to other supportive services. This program served as a model for the "Article 23" programming that the Department developed statewide as a means of averting wayward/disobedient petitions.

Family Preservation -

The Department works with families identified by Child Protective Services through "Project Family" which provides intensive front-end services as a way of keeping them from becoming formally involved with the Department. The families are identified through an investigation. They may require more intensive services than can be provided in a Comprehensive Emergency Services program. Project Family will remain involved with a family for a year if necessary in order to link them with the appropriate and necessary support. The issues addressed by the program primarily are parenting skills and difficulties with discipline, adult conflict, and financial problems. This past year, the Department expanded Project Family to allow for up to 20 families at a time to be referred by the Intake staff in Child Protective Services. This program has been successful in maintaining families intact, assisting parents to become more aware of

age appropriate expectations for their children, improve their abilities in managing stress, and ensuring the safety of children.

The Partners in Permanency program, which was developed by Children's Friend and Service in October 2000 as a demonstration project with funding from the U.S. Department of Health and Human Services, Administration on Children and Families, is now being supported with Title IV-B funding. This program was quite impressive as a model for concurrent planning. It dovetails effectively with the Department's efforts to promote family-centered practice and to support concurrent planning practice changes within the Regions. This program bridges the categories for *family support* and *family preservation*.

Time-limited Reunification -

The Department of Children, Youth and Families is fortunate to have a successful and innovative therapeutic visitation program which was begun in partnership with the Providence Children's Museum close to thirteen years ago. This program is operating in all four of the DCYF regional office locations, allowing visitation program consultants to be out-stationed into our Regions. The Families Together program consultants work with our supervisors and social caseworkers to develop stronger capacity for supervising visitations, providing education on child development and behavior management; and, providing helpful, constructive feedback to parents following visitations. The Families Together program also works with the Child Welfare Institute to provide three pre-service trainings on therapeutic visitation. This program has been recognized nationally by Harvard University's Innovations in Government program; it has been presented nationally as a promising practice at several child welfare conferences and through the national association of Children's Museums.

Adoption Promotion and Support -

Funding through Title IV-B supports the work of the Rhode Island Foster Parents' Association which works closely with the Department and the Rhode Island Council of Resource Providers (RICORP) to provide training, education and support for foster and adoptive families. These funds also support the recruitment and training efforts of the Urban League of Rhode Island, which is contracted to assist in recruiting and supporting minority families interested in becoming foster or adoptive parents. The Adoption Promotion and Support program through Children's Friend and Service is also supported with funding through Title IV-B.

The IV-B Planning Committee is currently negotiating a proposal to establish a foster parent support program, as referenced earlier in our strategy for Foster/Adoptive Parent Recruitment, Training and Support. This pilot will be in Region III representing the southern portion of the State. The program will assist with having foster homes become licensed, provide intensive in-home support when necessary to avert a placement disruption, and assist with supporting new foster home recruitment and preparation. This program is expected to become operational within the next six months.

MAINTENANCE OF EFFORT -

The Department of Children, Youth and Families continues to demonstrate a strong maintenance of effort in its expenditures for child and family services. In FY 1992, as the base year, the DCYF allocated approximately \$3.4-million on community-based programs to assist families who were at risk of becoming involved with the Department. In this most recent fiscal year, FY 2005, the Department continued to exceed its base year expenditures, allocating \$7.4-million for ongoing family support and preservation services. The majority of funding, \$5.3-million (71%), funded support services such as parent aide, parent education, and early intervention-type programming which assists vulnerable families with children in age ranges from birth to three and older. These services also provide necessary care and intervention such as Children's Intensive Services (CIS) for families whose children are experiencing emotional disturbances and may be at risk for out-of-home placement.

Additionally, the Department is expended 29% of its funding to provide crisis intervention type programming such as Comprehensive Emergency Services, Youth Diversion and Outreach and Tracking services. These programs are designed to prevent out-of-home placement, and maintain the family integrity without formally becoming involved with the Department where possible. Just over 27-hundred families, an estimated 35% of the cases receiving services through DCYF, represent families in which the children are living at home. The goal here is to improve family functioning and child well-being.

ALLOCATION OF FUNDS -

In this Child and Family Service Program Improvement Plan application, the Department is requesting an allocation of \$1,006,059 in Title IV-B, part 1 funds, and an allocation of \$1,488,981 in Title IV-B, part 2 funds, as well as an allocation of \$135,957 in CAPTA funds. The Department is also requesting \$630,738 in funds through the Chafee Foster Care Independence Program, and \$217,721 in Chafee Education and Training Vouchers. These funds will continue to support the programs that have been identified or established in the Child and Family Service Planning efforts, and through the planning for the Chafee Foster Care Independence Program.

Title IV-B, Part 1 Appropriation:

In FY 1979, the state was allotted \$282,973 in Federal payments for child welfare services. As reflected in the FY 2005 CFS-101, Part 2, State spending on IV-B, Part 1 funds on foster care maintenance, adoption assistance, and child care related to employment and training does not exceed the total 1979 allotment.

The Department of Children, Youth and Families anticipates receiving ONE MILLION, SIX THOUSAND, AND FIFTY-NINE DOLLARS (\$1,006,059) in FY 2006 in its Title IV-B, Part 1 allocation. Funds in this allocation are used to support crisis

intervention and programming aimed at providing additional support to keep families from coming into care; adoption promotion and support; additional youth diversion programming, and family-centered support services for families in which child sexual abuse has been disclosed. These service needs were initially identified through the planning process for the Child and Family Service Plan.

Title IV-B, Part 2 Appropriation:

The Department anticipates receiving an allocation of ONE MILLION, FOUR HUNDRED, EIGHTY-EIGHT THOUSAND, NINE HUNDRED, EIGHTY-ONE DOLLARS (\$1,488,981) in Title IV-B, Part 2 funds for FY 2006. These funds will continue to support the Department's initiatives in compliance with the Adoption and Safe Families Act, focusing on therapeutic visitation; family advocacy/support program initiatives; and adoption promotion and support. Funding for family support services will be allocated 18% of the appropriation; family preservation services will be allocated 22%; time-limited reunification services will receive 23%; and, adoption promotion and support programs will receive 19% of IV-B, Part 2 funding. The Department is allocating a slightly higher percentage of funding in the service categories of family preservation and time-limited reunification. The family preservation services; i.e., Project Family and Partners in Permanency, have demonstrated effectiveness through project evaluations. The Families Together Therapeutic Visitation program as a time-limited reunification service is nationally recognized as a promising practice. Services for family support and adoption promotion are also priorities being supported with additional funding through IV-B, Part 1. Additionally, the planning/program cost dollars in IV-B, Part 2 will be allocated to support implementation of the Program Improvement Plan, as well as ensuring an ongoing quality improvement/quality assurance function within the Department.

Child Abuse Prevention and Treatment Act Appropriation:

The Department anticipates receiving ONE HUNDRED, THIRTY-FIVE THOUSAND, NINE HUNDRED, FIFTY-SEVEN DOLLARS (\$135,957) in FY 2006. These funds will continue to support for the Citizen Review Panel, and be targeted toward development of additional front-end family preservation and support services. One such program is a trauma assessment and treatment referral program currently being piloted through United Way funding to the provider. The Department is working with the social service agency to coordinate the trauma and mental health assessment with the PANDA clinic medical examinations to ensure optimum support and care for children who have witnessed or experienced severe violence, and/or have been removed from home. The Department is also allocating funds for training child protection staff to improve the child protective services system regarding intake, assessment, screening, and investigations of reports alleging abuse and/or neglect, which will buttress efforts in the Program Improvement Plan.

Chafee Foster Care Independence Program Appropriation:

The Department anticipates an allocation of SIX HUNDRED, THIRTY THOUSAND, SEVEN HUNDRED, THIRTY EIGHT DOLLARS (\$630,738) in the CFCIP allocation, and TWO HUNDRED, SEVENTEEN THOUSAND, SEVEN HUNDRED, TWENTY-ONE DOLLARS (\$217,721) in Educational Training Vouchers (ETVs) in FY 2006. These funds will continue to support strategies aimed at helping youth transitioning to self-sufficiency, receiving the education, training and services necessary to obtain employment, prepare for and enter post-secondary training and educational institutions, provide personal and emotional support to youth through mentors, and providing additional appropriate support and services for youth leaving the child welfare system.

SUMMARY –

As the Department moves forward implementing its strategies for continuous quality improvement and practice changes, the commitment to establish a full continuum of care designed to appropriately address the individual and unique needs of children and families remains a primary objective. Our community stakeholders have expressed their commitment for this, as well; and through a stronger partnership with the community – our plan will become reality.

Appendices –

- *Multi-Ethnic Foster Parent Recruitment Plan*
- *Multi-Ethnic Adoptive Parent Recruitment Plan*
- *Chafee Foster Care Independence Program*
- *Chafee Education and Training Voucher*
- *Child Welfare Institute Curriculum*
- *Indian Child Welfare Act Policy*
- *Continuum of Services*
- *Citizen Review Panel Report*
- *Work Plans*
- *National Child Welfare Outcome Data Profile*

MEPA – Foster Parent Recruitment Plan Update

MULTI-ETHNIC PLACEMENT ACT FOSTER PARENT RECRUITMENT UPDATE: JUNE 2005

I. A description of the characteristics of waiting children.

Demographic information (as of 5/17/05) indicates that there are 2565 children active with DCYF and in out of home placements. Of these 2565 children, 67% are White (1726); 19% are African American (494); 1.5% are Asian (39); 1.3% are American Indian (35); .2% are Native Hawaiian/Pacific Islander (6); 6% are of Unknown race (146) and 5% are Multiracial (119). 19% (477) of the children in out of home placement are listed as Hispanic.

Of the 1284 children residing in foster care placements (relative, non-relative, and private agency specialized foster care) 65% are White; 20% are African American; 1.5% are Asian; 2% are American Indian; 6% are multi-racial and 5% are “unknown”). 19% of the children (245) in foster home placements are of Hispanic heritage.

II. Specific strategies to reach all parts of the community.

The goal of foster parent recruitment is to ensure that sufficient numbers of qualified foster families are available to meet the needs of the Department and the children it serves and to allow for careful matching and planned placements which meet the best interests of every child in need of foster care. As approximately 80% of all DCYF children who are adopted are adopted by their foster parents, it is critical that initial foster placements be conducted with consideration to a child’s long term needs.

This overview focuses upon the recruitment of generic foster homes.

Most tasks have been achieved and are ongoing. The Department continues to contract with the Urban League's Minority Recruitment Program to recruit, conduct home studies, and provide pre-service training for 14 foster families interested in fostering African American and Latino children each year.

During the first eleven months of FY 2005 (July 1, 2004 – June 20, 2005), numerous foster parent recruitment activities have taken place. The goal of these activities has been twofold, and has focused on both the long term process of increasing general public awareness of the role of foster parents and the licensing process and the immediate need for increasing our available pool of qualified, culturally sensitive foster parents. Towards these goals, the following activities have occurred:

- **Print Advertising**

Our print advertising campaign is aimed at reaching both general and targeted populations of prospective foster parents, throughout the state, through daily, weekly, monthly, and special interest publications. We currently advertise in the Providence Journal, Woonsocket Call, Newport Daily News, South County Independent, Northeast Independent, Rhode Island Newspaper Group (17 suburban weekly newspapers), Providence American, Providence Visitor, Providence En Espanol, Families Today, the Rhode Island Family Guide, and the Rhode Island State Nurses Association quarterly newsletter. The Department has advertised bi-weekly in the Providence American, the local publication serving the African American community for nine years. Four years ago, we added a Spanish language weekly publication to our advertising roster in order to better reach the Latino community. We have three different print ads depicting children of varied ages and ethnicities which we rotate weekly. These advertising efforts make up the backbone of our recruitment campaign and serve as weekly reminders of the ongoing need for foster parents.

- **Television Advertising**

During FY 2002 we contracted with WJAR-NBC10 to update an existing commercial and to produce and air a new foster parent recruitment commercial. We have continued to advertise one week a month during this fiscal year. The commercial features the need for foster homes for minority children and adolescents.

- **Recruitment Events - Informational Booths and Presentations**

Our recruitment events are aimed at disseminating information on foster parenting to the general public, dispelling some of the erroneous myths regarding foster parenting, and encouraging people to consider the idea of opening their homes to foster children. Towards these ends, a wide variety of activities were conducted directed at a diverse population. Informational booths were staffed at 20 community fairs, festivals and events during this time period. Recruitment information was distributed at conferences, community sites, and businesses, and churches. These combined activities afforded Departmental staff the opportunity to speak directly with many prospective applicants in a family friendly, comfortable setting and to distribute large numbers of recruitment materials personally.

- **Informational Meetings**

During this fiscal year, we have expanded our schedule of informational meetings for prospective foster parents. In partnership with DCYF regional offices and community groups, 27 informational meetings were held across the state in areas where the largest need for foster homes exists with a total of 96 families attending. The goal of these meetings is threefold: they provide a comfortable setting for interested persons to gain additional information regarding foster care and to meet actual foster parents; they provide us with valuable free advertising in the form of news articles from press releases and mention in *what's happening* columns of area newspapers, cable and television stations, and web sites; and they provide us with an excuse to follow-up regularly with

callers who requested information on foster parenting but did not return completed applications.

- **Foster Family Referral Program**

The Department contracted with the Rhode Island Foster Parents Association to implement a foster parent referral program in which foster parents receive financial incentives for referring prospective foster parents and for hosting recruitment parties in their homes and communities. Last year, the financial incentive was substantially increased to encourage greater participation.

The program is advertised in the Foster Parent Newsletter and special mailings and is based upon the philosophy that satisfied foster parents often make the best recruiters.

- **Targeted Recruitment Effort**

These activities represent our efforts directed at reaching specific populations with foster parent recruitment materials through mailed packets of information containing a recruitment notice suitable for publication in newsletters and bulletins; an offer to hold an informational session on becoming a foster parent on site; posters for display; and brochures and fliers for distribution. During FY2005 recruitment packets were sent to churches; schools; hospitals; youth programs, and numerous businesses, companies, organizations, and agencies. As part of Foster Parent Appreciation Month, several special activities were organized and public relations about foster care and the need for foster parents generated. In partnership with RI PBS, a program titled ***Aging Out in Rhode Island*** was developed to draw attention to the needs of older youth in the foster care system. The documentary film *Aging Out* was aired with a locally produced segment featuring a panel of youth and professionals discussing the needs and experiences of older youth. Bus shelter posters were developed, presentations at local business and civic groups across the state were conducted, and press coverage was generated.

- **Specialized Programs**

During FY2004, the Department entered into a partnership with the faith based communities to recruit additional foster families to meet the needs of the children within their home communities and this effort is continuing. The Rhode Island State Council of Churches is collaborating with the Department to recruit foster families from their member congregations to keep children in placements in their own communities. The Department's four regional offices have begun to establish local "geo groups" comprised of local service providers, foster and adoptive parents, and community leaders to advise and plan local recruitment efforts for resource families to keep children placed within their home communities. Governor Carcieri hosted an effort to recruit state employees to become foster and adoptive parents in November 2004. Targeted recruitment campaigns for developmentally disabled children and adolescents are ongoing. Efforts to recruit foster homes for medically fragile and technologically dependent children are continuing.

- **RIFPA and DCYF Websites**

The Rhode Island Foster Parents Association web site and the Department of Children, Youth and Families' web site feature foster parent recruitment information and contact information for prospective foster parents. Informational meetings are listed on the DCYF website.

Outcomes

These targeted recruitment efforts, in combination with our broader foster parent recruitment plan, have resulted in the following outcomes for generic foster parent recruitment for the first eleven months of this state fiscal year (FY2005) : Please note that these figures represent only generic foster home applicants and do not include relative and child specific foster family data. 109 Referrals for foster licensing of which approximately 29% are minority applicants; (19 % African-American; 9 % Hispanic; 1% Native American)

III. Diverse methods for assuring that all prospective parents have access to the home study process, including location and hours of service that facilitate access by all members of the community.

Foster care and adoption pre-service training has been offered in Providence by the Urban League program and in Providence and North Kingstown by the Department. Evening trainings are available on a rotating schedule of weekdays; Saturday trainings are available through the Urban League; and individualized training is available on a case by case basis. Foster and Adoptive Parent pre-service training is offered in Spanish by the Urban League. Foster care licensing staff have the flexibility to conduct home studies during the evening and week-end hours, at a family's convenience.

IV. Strategies for training staff to work with diverse cultural, racial and economic communities

Training on Cultural Sensitivity, Cultural Diversity, and Working With Culturally Diverse Populations is offered regularly.

V. Strategies for dealing with linguistic barriers.

The Urban League has Spanish speaking staff available to work with Spanish speaking foster care applicants. The Department's recruiter refers families who need to complete the licensing process in Spanish to the Urban League. The Department also has a contract with the Socio-Economic Development Center's Language Bank which provides for the hiring of interpreters for a large number of foreign languages as needed. Linguistic barriers have not posed barriers to the foster home recruitment / licensing process.

VI. Non discriminatory fee structure

There is no fee for the foster care program.

VII. Procedures for a timely search for prospective parents for a waiting child.

The goal is to sufficiently increase the pool of available foster homes in order to facilitate the matching of children entering foster care with culturally similar families from the same geographical community as the child.

MEPA – Adoptive Recruitment Plan Update

MULTI-ETHNIC PLACEMENT PLAN

Comprehensive Recruitment Plan

I. Objective: DCYF will maintain a description of the characteristics of waiting children.

The RICHIST data base includes the following information on every child: age, race/ethnicity, sibling group, current placement, and clinical descriptors such as sexual abuse, physical abuse and/or neglect. Since the inception of RICHIST in August of 1997, the Department has been incorporating Adoption related information into the system in keeping with this objective. In 2004, new reports that were requested to be created in RICHIST include:

- Number of children with the goal of adoption;
- Names of children with the goal of adoption;
- Number of adoption disruptions (pre-finalization);
- Number of adoption dissolutions (post-finalization); as well as a
- Breakdown of the numbers of disrupted and dissolved adoptions to identify whether they were foster care adoptions and stranger adoptions.

A new report, available shortly, will show not only the number of children with the goal of adoption but will also indicate if the child is already in a pre-adoptive foster or relative home, or if the child is in need of a pre-adoptive family. While this report is not yet available, we are able to state that 339 children in DCYF care have the goal of adoption as of June, 2005. Statistics tell us that 80% of these children will be adopted in their present foster or kinship home. This results in about 70 children for whom adoptive homes must still be identified.

The RICHIST data base includes data on all freed for adoption and legal risk children. Additionally, it provides the Department with ongoing statistical information which can aid in improving adoption practice.

DCYF works with our community partners to develop or contract for placement resources in a creative way to meet what we feel are the presenting needs of the children and youth at a particular point in time; with now-available data and some more planful design on a systems basis, we can be even more effective. We will soon be in a position to better target recruitment in terms of type of placement and other resources needed in various cities and towns throughout Rhode Island.

II. Objective: The Department of Children, Youth and Families will ensure a timely search for an adoptive placement for a waiting child while providing that placement of a child in an appropriate household is not delayed by the search for the same race or ethnic placement.

DCYF continues to maintain and expand its data base of waiting families. DCYF children are registered with appropriate exchanges, including Adoption Rhode Island, AdoptUSKids, both private and contracted agencies and regional exchanges. Exchanges have expanded their services to include websites and these resources are also being utilized in our efforts to place waiting children. In order to assure that all professionals working to promote adoptive resources are kept abreast of updates, a review of Waiting Families and Waiting Children is now conducted every eight weeks with DCYF's Adoption Preparation and Support Unit, Adoption RI and other contracted providers.

Clinical Training Specialists are available for case consultations on an ongoing basis. At the present time, telephone consultations occur on an almost daily basis, and staff are always available to set up consultations regarding specific cases and/or issues. In addition, Adoption Preparation and Support staff continue holding regularly scheduled meetings in the various Regional offices. These meetings afford an opportunity for FSU staff to bring cases and issues for discussion on a less formal basis, and will also provide a forum for training FSU staff and supervisors on adoption issues and procedures.

In conjunction with Adoption RI, DCYF continues to conduct child specific recruitment on a case-by-case basis, utilizing television, newspapers and other methods to locate homes for specific children. Some of the children who might need this type of recruitment include physically challenged children. In addition to recruiting homes for these children, DCYF will also conduct individual training and home studies to further facilitate the placement of these children.

"Adoption Grams" are utilized as a method for disseminating information about adoption among the staff of DCYF. Information such as adoption policy, legislative updates concerning permanency planning, information about special events such as National Adoption Month activities are all disseminated via "Adoption Grams". Along with the "Adoption Grams", an Adoption News page has recently been added to the DCYF intranet website. This web page is utilized as a method of communicating with staff about the waiting families and to relate stories about children's positive adoption experiences.

Permanent connections for children may also be achieved through a Visiting Resource Program. Families who are matched for the initial purpose of visiting with a child, may consider adoption of the child in the future or may continue as a valuable resource and support to a family who comes forward to adopt the child. "Tuesday's Child" airs a Visiting Resource segment several times per year. An information meeting is also held several times per year. Families are screened and assessed, and clearances are done. Visiting Resource Families are "advertised" over departmental email. Social Workers are able to identify an appropriate visiting family for their child to visit. Approximately 25%

of Visiting Resource Families go on to become Adoptive Resources for the children whom they visit.

In an effort to ensure timely placements for children, Rhode Island's adoption resource exchange, Adoption Rhode Island, together with RI DCYF, has led the way in organizing regional adoption matching meetings among the New England states. Three of these meetings have been held over the past nine months. At these meetings, attending states have the opportunity to present selected waiting children and also some of the waiting families from their state. Potential matches have been identified at these meetings. Feedback from the states has been positive and the plan is to continue these meetings on a regular basis.

III. Objective: DCYF will implement specific strategies in order to reach all parties in a diverse community.

Advertising is crucial to recruitment efforts. DCYF staff in conjunction with Adoption Rhode Island make regular television and radio appearances to inform members of minority populations of events and recruitment activities such as regular information meetings and Minority Recruitment Fairs, such as the one conducted by the Urban League of RI, an agency that contracts with DCYF to increase resources for waiting minority children.

Under the provisions of its contract with DCYF, Urban League of RI is facilitating specialized recruitment efforts by advertising in minority communities, speaking in churches in minority communities, setting up information tables at events in the minority communities and by holding adoption information meetings in all regions of the State of Rhode Island.

Other recruitment efforts are in process. DCYF staff, along with Adoption RI and Urban League staff are speaking at various minority organizations. Adoption RI has developed a "Youth Speaks Out" panel made of teens and young adults. All have come through the DCYF foster care system and several have been adopted. They "speak out" very poignantly for the need for adoption and take their stories to many diverse groups.

The business community is an area that we have only begun to tap in terms of recruitment efforts. Local Post Offices in RI have assisted in the promotion of Adoption Information. Attempts to conduct on-site recruitment at area businesses employing significant numbers of minority personnel are still in process.

IV. Objective: DCYF will implement methods for disseminating both general and child specific information.

DCYF contracts with Adoption RI for specific recruitment on local television and in daily and weekly regional newspapers. Information on specific children is made available to the new AdoptUSKids! Website, a service of the Children's Bureau. With the assistance of a mini-grant from the Children's Bureau and AdoptUSkids, Adoption

Rhode Island is in the process of developing video capacity on its website. This innovation will allow perspective adoptive families to see the available children at play, interacting with others and to hear the children as they speak about their desire for an adoptive family.

Since 2002, Adoption RI has been promoting a campaign specifically targeted to finding homes for minority children. The campaign has produced and disseminated brochures and conducted advertising focusing on the minority children who are waiting for adoptive homes.

A team of adoptive parents is presently working with staff from Adoption Rhode Island to promote awareness about special needs adoption through the state library system. They are holding recruitment events in several libraries throughout the state and are ensuring that libraries maintain and make available current photo listings of waiting children.

DCYF and Adoption Rhode Island are developing a “Heart Gallery”, photos of waiting children that will be displayed in various settings throughout the state during National Adoption Month.

V. Objective: DCYF will implement strategies assuring that all prospective parents have access to the homestudy process, and that training and recruitment are regionally-based.

The adoption application has been modified to be more inclusive. The terms “parent one” and “parent two” have been substituted for “husband” and “wife,” providing greater openness to alternative family styles. Child centered, culturally sensitive language has been included. Since January of 1966, in the interest of promoting non-traditional special needs recruitment, Adoption Training groups have been held specifically for non-traditional families. The Department has been successful in promoting the formation of support groups among these participants. Information/recruitment meetings include specific information regarding single and gay/lesbian adoptions.

Despite the fact that Rhode Island is small in size, it is important to try and reach individuals in their home regions. Adoption information meetings are currently being held in two areas of the state. Within the past six months we have been able to realize the goal of holding dual Foster Care/Adoption Information Meetings in all four regions within the state. This has not only provided easier access for families, but the increase in the number of monthly meetings (from the present two to four) allows for the possibility of a more expedient response to interested families. Cox Cable, reaching a state-wide audience, regularly advertises Adoption RI’s information meetings as part of their public service announcements. The cable network has also spotlighted panel discussions/presentations of adoption topics throughout the year. Rhode Island’s most prominent television station, Channel 10, promotes “Tuesday’s Child” on a weekly basis to its audience throughout the state and southeastern Massachusetts.

Clinical Training Specialists work on flexible schedules in order to meet the needs of working parents. Training is offered in the evenings and on Saturdays with home visits scheduled to the needs of the families. Individual at-home or on-site preparation can be done in order to meet special circumstances. At the present time, 5 Clinical Training Specialists lead Adoption Preparation Groups. At present, training groups are regularly held in two regions in the state. Within the next six months, it is expected that we will hold regular training groups in all four of our regions.

Approximately 80% of DCYF adoptions are foster parent/kinship adoptions. In order to offer further support to these resource families, a curriculum is being developed dealing specifically with the issue of moving from fostering to adoption

Responsibility for Foster Parent training was moved in 2000 to the unit that was already providing training to Adoptive and Visiting Resource families. This move has proven to be effective in maximizing the use of staff time and in offering a continuum of training and support opportunities to all resource families. Dual training of Foster, Kinship and Adoptive families was instituted in January, 2002. Dual training emphasizes the continuum of care, and demonstrates the importance of all resource providers. It supports families in their chosen role, providing them with the information they need at the present and that they will/may need in the future as their role changes.

At the present time, DCYF has undertaken a study of the structure of foster care and adoption areas with the purpose of making recommendations regarding work flow and staffing. It is hoped that improvements in these areas will assist families as they move through the licensing process and improve the retention of families during the application and licensing process.

VI. Objective: The Department of Children, Youth and Families will design and implement a staff training program in order to prepare staff to work with diverse cultural, racial and economic populations.

More formalized coordination of training opportunities for certain populations of applicants and further exploration of innovative training options may lead to stronger and more timely delivery of foster care and adoption training services (pre and post licensing/adoption).

Tasks in this area involve agencies from the minority community in curricula development, training staff on Cultural Sensitivity Issues, involving minority staff in family preparation/racial issues and training on Culturally Appropriate Adoption Placement Considerations. Training regarding Cultural Sensitivity is being done through the newly formed Child Welfare Institute and includes Cultural Sensitivity for Staff, Cultural Sensitivity for Supervisors and Management, and Building Awareness of and Working with Gays and Lesbians. The expanded Pre-Service Orientation for new DCYF workers that is now conducted by the Child Welfare Institute, offers two pertinent sessions - Values Clarification and Diversity - aimed at preparing new workers to engage with families of diverse races, cultures and backgrounds.

Additional training is being planned to target issues related to educating both staff and potential pre-adoptive families regarding: Legal Risk Placements; Issue Specific Training on a Unit-by-Unit basis; and Agency specific training for DCYF Supervisors and Family Service social workers. In April of 2003, a 3 day training on adoption issues was offered for DCYF supervisors. The training was sponsored by Children's Friend and Service, Casey Family Service and DCYF, and staff from each of these agencies

More than half of DCYF's foster parents are, in fact, kinship caregivers. DCYF staff and resource providers need training specifically around issues involved in working with kinship caregivers. DCYF's Kinship Policy as well as its Concurrent Planning efforts and policy provide a strong basis for training our own agency staff and provider agencies. Kinship Care issues have a significant place in the training offered to new staff as part of the orientation training done under the aegis of the Child Welfare Training Institute and in the dual training Pre-Service Orientation offered to foster and adoptive families.

Though much has been and is being done, DCYF recognizes the need for continuing efforts to improve services to adoptive families and children. Another initiative the Department is pursuing toward accomplishing this is working to establish an adoption specialist certification program aimed at increasing the numbers of clinicians who have expertise in dealing with adoption related issues.

Chafee Foster Care Independence Program **Education and Training Voucher Program**

The Rhode Island Department of Children, Youth and Families is the state agency in Rhode Island which is charged with providing services to assist families to meet the needs for the safety, protection, and well-being of children, when the family is unable to meet these responsibilities. DCYF was created in 1980 with the merging of children's programs previously administered by four different state agencies. This established the integration of three major public responsibilities for troubled children, youth and families (Child Welfare, Children's Behavioral Health, and Juvenile Corrections) into one agency. The Department is the state agency which will administer, supervise, and oversee the programs carried out under this plan.

The Chafee Foster Care Independence Program and the Educational and Training Voucher Initiative are aligned under Goals 3 and 4 of the Child and Family Service Program Improvement Plan.

GOAL 3 – Promote adoption or other planned living arrangement when reunification is not achievable.

GOAL 4 – Transition all children and youth from public supported care with the supports, skills and competencies in place to ensure stability and permanency.

DCYF agrees to cooperate in national evaluations of the programs implemented.

Programs Designed and Conducted to Achieve the Purposes of Section 477(b)(2)(A) and 477(a)(1-5) of the Act to:

a.) Help youth make the transition to self-sufficiency.

It is the goal of the Department that youth likely to transition to adulthood from the Department's care are prepared for a self-sufficient and productive adult life. Youth may remain in care until they reach their 21st birthday. It is the policy of the DCYF that all youth 16 and over in out of home care participate in a life skills assessment utilizing the Daniel Memorial Life Skills Assessment tool. Following the assessment, each youth is offered an opportunity to participate in the Daniel Memorial Life Skills Training Curriculum which provides 100 hours of formal instruction in 14 skill areas, including: educational planning, housing, and interpersonal skills.

Concurrent with formal life skill training, through contracted services, utilizing state funds, DCYF provides a continuum of placements which allow for the learning and

practicing of skills necessary to live independently. Placements include: shelters, group homes, supervised apartments and independent scattered site apartments, as well as hospitals, residential centers, relative foster care and non relative foster care.

Within each level, services include: case management, supervision and support, counseling and guidance, room and board, medical coverage, life skills, individual and group therapy, and assistance with access to educational, employment, and transitional services. All of the placement services are provided with state funding, which allows limited Chafee Foster Care Independence Program (CFCIP) funds to be utilized to fund services not available with other funding.

At each level of care, goals and expectations are set to move toward self-sufficiency. From group home to supervised apartment to independent living there is increase in the amount of control and responsibility each participant is required to assume and a decrease in the level of supervision and support provided. Throughout the continuum; supervision, counseling, guidance, and support consistent with the youth needs are provided to assist in acquiring the skills to move to the next level.

A Transitional Living Plan is also developed in conjunction with the youth's case plan. This plan is developed by the Department Social Worker in consultation with the youth and other significant agencies and individuals. A Discharge Plan is developed, in a similar manner six months prior to discharge to insure that all goals for discharge have been met and all necessary supports anticipated are in place. This Case Plan, including the Transitional Living Plan and Discharge Plan, is reviewed by the Administrative Review Unit at meetings which occur every 6 months for quality assurance purposes.

Enhancing the Planning Process: The DCYF has been exploring ways that the ARU can assist in and enhance the quality of the case planning process. We are exploring ways of capturing of data which could be used to increase inclusion of youth and critical community partners and supports in planning as well as identifying key service and support needs. Specifically, we are exploring ways of collecting information regarding:

- the number of youth invited to and who attend the ARU reviews;
- the significant people in the youth's life whom the youth see as important;
- educational attainment such as high school graduation or receiving a GED; and
- employment.

Enhancing Life Skills Training: The Life Skills Curriculum is implemented through a contract with the Rhode Island Foster Parents Association, which operates the Life Skills Center, and provides this service to youth placed in foster homes. With additional funding from CFCIP, the Department has also implemented a life skills program for youth in group placement. The RICORP provides life skills training to these youth. We have developed more integration and collaboration over the past two years between the Life Skills Programming for foster youth and those in other forms of out of home placement, which has allowed more efficient use of resources through cost and resource sharing. This year graduations have been combined and there is a plan to move to a shared location to integrate administration and services provided by the programs.

A backlog of approximately 120 youth waiting for life skills developed several years ago, which had continued due to funding limitations. Until recently, we lacked the capacity and funding to resolve this backlog. In 2005, collaboration between DCYF, The Rhode Island Foster Parents Association, and RICORP produced a 3 year grant from the United Way Of South Eastern New England for an after school program, which allows for an additional youth to receive life skills training and will eliminate the backlog by 2008.

b.) Help youth receive the education, training and services necessary to obtain employment:

There are several ways in which we support the vocational training and placement of youth in care. Through the Life Skills Curriculum, about 130 youth per year are provided with information and training in job seeking (3hrs), job maintenance (3hrs), job retention; and personal presentation, including, hygiene and appearance (3hrs).

In addition, through a contract with Work Opportunities Unlimited, a jobs/career development program, services are provided to about 60 youth per year. These services include the full range of vocational assessment, employment seeking, and job support and retention services. Job Coaches work with each youth to identify interests and needs and to assist youth in developing and implementing vocational plans. Coaches help youth understand the wealth of resources available through the One Stop Centers, which have been established by the Department of Labor and Training to concentrate employment and vocational resources in easily accessible locations. These One Stop Centers are located in six places statewide, so that state residents are within 25 minutes of at least one center. The One Stops bring services from three key state departments, the Department of Human Services (which includes TANF and Rehabilitative Services), the Department of Labor and Training, and 9 – 10 community agencies under the same roof. The One Stops offer career exploration, assessment, training, and support in job entry and retention.

There are also several other employment related initiatives which continue to develop, including: the Casey / UPS School to Career initiative and the beginning of the Jim Casey Youth Opportunity Initiative in Rhode Island. These programs are both under the auspices of Casey Family Services. The School to Career Program has been operational for four years and provides job placement and support for youth in foster care and youth in the community. Within the past 1 ½ years the program has been working mostly with youth who have completed the Work Opportunity Unlimited program who continue to require support.

The Jim Casey Youth Opportunity Initiative Program provides assistance to youth who are or have been in foster care to provide financial literacy training, asset building, and community connections and mentoring. The program has a capacity of up to 75 youth per year taking part. The plan is to involve 75 youth per year for a total of 225 over three years. There is also an advisory board made up of youth which provides input and direction from the youth perspective.

AS 220 is the other organization which provides employment related services through a contract with the Department. It is an arts program which provides opportunities for youth to develop artistic talents and express themselves in a number of ways. The contract provides funds for stipends to youth who demonstrate interest and initiative after a period of volunteer involvement. The participants are given an opportunity to work with adult artist to develop skills in art and business and to eventually produce a product which could be sold for profit. The contract funds 30 to 40 youth per year.

The Department is exploring the possibility of having Work Opportunities Unlimited provide technical assistance to community group home and independent living providers on assisting youth with job exploration, seeking, and retention. By enhancing the skills of the full range of community providers, we hope to increase vocational supports to more youth than current funding would normally allow.

The DCYF and the Department of Labor and Training have formed a close collaboration since the fall, 2004, Shared Youth Vision Forum in Philadelphia. Together with other key stakeholders, including the Department of Education, the Rhode Island Justice Commission, and the Work Force Investment Boards, the DCYF is working to develop integrated strategies to serve the neediest youth, including youth in out of home care due to child welfare issues, children and youth with behavioral health needs, and youth with juvenile justice involvement. This state team has presented to both Department directors and has been deputized to develop comprehensive plans, to be presented to the directors, to integrate services to these youth. In the last month, the DCYF and DLT submitted a proposal to the federal Department of Labor for funding to support joint programming for 200 youth, including youth with both child welfare and juvenile justice involvement. Even if this particular proposal is not funded, it is reflective of the depth of the relationship that has developed and which is expected to continue.

c.) Help youth prepare for and enter postsecondary training and educational institutions:

In 1999, RI legislation was passed, primarily due to the efforts and testimony of our Youth Advisory Board, to provide state funding to assist youth in foster care to attend the University of Rhode Island, Rhode Island College, and the Community College of Rhode Island. This allocation has increased from \$ 50,000 initially to \$ 200,000 in state FY 2003. This funding assures that a student, once qualified, may attend college for 8 semesters by maintaining a positive academic standing. We have promoted this initiative through ongoing education and communication through all staff e-mail, ads in the Foster Parent newsletter, through presentations at the Life Skills Centers, at the annual Youth Conference through a resource fair and through word of mouth. *The Place of Our Own Website* has increased awareness of the availability of funding, as has communication with school Principals and Guidance Counselors in all 39 school districts in Rhode Island. Within the DCYF Website, there is also an Independent Living Page and a Youth Advisory Board page. This has further increased access, since it includes a copy of the application form and release of information form which can be downloaded. The development of these Websites has provided information about the full range of

supportive programming, as well as links to other resources such as the Rhode Island Foster Parent Association website, the Orphan Foundation, the National Foster Parents Association, and other important information such as scholarships, school to career, and Department of Labor and Training One Stop Centers. In the five years of the program's existence, a total of 150 students have received assistance in paying for expenses related to attending college.

To increase the numbers of youth taking advantage of this opportunity and to begin educational planning as early as possible, a conference for youth from 9th through 12th grades is held annually to promote, educate and encourage youth to be aware of the requirements to graduate from high school and to enter the postsecondary institution which best meets their career goals. During the past five years, the number attending the Educational Conference has increased and the number of youth graduating from high school or obtaining a GED and entering post secondary education has increased.

The addition of Educational and Training Vouchers expands youths' options, including vocational schools, and has allowed for the creation of a complete continuum of educational services, giving youth in care the same opportunities as youth in the general population. It also provides flexibility in choice for youth who do not desire to or are suited to college and the lengthy commitment to obtain a four year degree.

We are in the initial stages of a collaboration with the Departments of Labor, Education, and Human Services, Office of Rehabilitation Services to develop a process for providing vocational assessments for youth beginning at 14 years of age. Because statistics suggest that 40 to 60 % of youth in care may have disabilities and many have Individual Education Plans under IDEA, a substantial group of youth in care are almost certainly entitled to these vocational assessments. These assessments will assist youth in making decisions about educational goals and programs for high school and beyond. These assessments will also guide effective use of resources including, but not limited to, various educational funding sources, Work Opportunities Unlimited, the Jim Casey Youth Opportunities Initiative, the One Stop Centers, etc. This collaboration will also enhance funding sources for vocational and educational programming; as many youth will be eligible for funding through the Office of Rehabilitative Services due to disabilities as well as the Local Education Authorities due to eligibility through IDEA.

d.) Provide personal and emotional support through mentors and the promotion of interactions with dedicated adults:

Long lasting, supportive, and caring relationships with adults are critical to success in the transition to adulthood. Therefore, it is vital to assist young people in identifying those adults already in their lives who can continue to provide "family" support.

The Life Skills Programs, through their alumni programs, are providing a good deal of ongoing support. There is a need to plan how these supports can be continued long term, through the development of community relationships, after cases have been closed.

This year, Professional Women in Education, is assisting in a program to provide mentors to students receiving our Higher Education Incentive grant. Beginning in November of '04, the group has recruited and trained volunteers with 10 already providing support to students and an additional 30 being trained.

The process of providing mentors, while maintaining the safety and well-being of our youth, is labor intensive; it requires staff dedicated to recruitment, training, and supporting mentors and mentees. These issues remain a barrier to providing this resource. However, we firmly believe in the need for caring adults to assist our youth to become successful adults and plan to promote and advocate for permanence for older youth in care.

e.) Provide financial, housing, counseling, employment, education, and supports and services to former foster care recipients between 18 and 21 years of age.

All services offered to those under 18 years of age, are available to those between 18 and 21. Youth 18 to 21 may remain active with the Department and avail themselves of a full array of services including: *room and board, case management, life skills, education, counseling, and preparation for self-sufficiency.

For those over 16 to 18, almost the exact array of services are available, including housing, financial assistance for food, clothing, furnishings, medical, counseling, and support and guidance in making important decisions about directions in career and life.

Rhode Island continues to support youth remaining in care voluntarily from 18 to 21 and to utilize state funds to support housing, thereby allowing limited Chafee funds to be utilized for other projects where no funding has been available, such as Teen Grant and Work Opportunities Unlimited.

NOTE* *Room and board is defined as those elements required to live with reasonable health, safety, and comfort including: security deposits, rent, some utilities, food and some clothing. Depending on the individual needs, this can be short term (six months or less) or ongoing (several years), and can extend until the youth reaches 21.*

f.) Promoting collaboration to maximize resources available for transitioning youth:

Overarching all IL services will be the need for collaboration and integration to enhance and expand the capability of providers, community partners and DCYF to work more effectively to assist our youth to achieve the goal of self sufficiency. For a number of years, we convened a Providers Committee, which included all independent Living Providers and Foster care representatives to assist in system development. This committee will be reinstituted to identify specific opportunities for collaboration, integration and cost/resource sharing.

Brief description of how all political subdivisions in the state are served by the program (Section 477(b)(2)(B)).

Because of its relatively small size and population, Rhode Island has no other significant political subdivisions, except for its 39 cities and towns. The DCYF is responsible for all independent living services at the local level. The Department of Children, Youth and Families is divided into 4 regions for the purpose of provision of services and services are provided equally in all regions. Under the plan and goals for the department through family-centered practice, services and resources will be provided as close to the youth's home as possible, with all planning and provision of services provided by region.

Description of how youth of various ages and at various stages of achieving independence, are to be served. (Section 477)(b)(2)(C).

Independent Living services are available to all eligible youth on a statewide basis. IL services are formally provided to youth 16 and over. However, within the continuum of placements, youth under 16 are placed in group homes and foster homes and receive instruction in life skills, such as grocery shopping and laundry, etc. Those 16 and over are eligible for formal life skills training and usually have more opportunity for more hands on kinds of skill building, in moving toward more independent functioning. They also have an opportunity to move closer to independence, by living in a supervised apartment, with more responsibility and more involvement in performing daily tasks and skills required in a less structured environment. Those 18 and over are usually moving toward more independence in establishing their own apartment and developing skills to bring them to complete independence and decision making. They can remain in care until their 21st birthday.

During the upcoming year, more emphasis will be placed upon concurrent planning for older youth. Permanence and connections to caring adults, as well as additional emphasis on enhancing skills required for successful transition to adulthood, will be made the overarching focus of all youth related activities. The DCYF Program Improvement Plan's recommending a review for appropriateness of all cases of older youth listed as other alternative placement, is one example of this emphasis.

Those Likely to Remain in Care -

The determination of those likely to remain in care is made based upon the availability of appropriate alternatives in each youth's situation, and recommendations for continued placement are determined individually. However, youth between 16 and 20 who have no stable family, who have had parental rights terminated, or who can benefit from continued assistance and support are most likely to remain in care to 18 and beyond.

Age (under 21 years) and specific problems in self-sufficiency (lack of job skills, lack of adequate living alternative) are indicators of need to continue in care. Services will continue to be offered to each youth based upon the needs determined in the case plan

process. As long as needs exist, appropriate services will continue to age 21. Emphasis will be on the development and implementation of the plan by the time the youth reaches the age of 21.

Description of how the state involves the public and private sectors in helping adolescents in foster care achieve independence.

DCYF has collaborated with a number of agencies in providing independent living services. Through contracts with independent living providers, RICORP, and the Foster Parents Association, the Department continues to develop a coalition to assist youth to move toward independence. The Foster Parents Association and RICORP provide all life skills assessment and training to consolidate and enhance this process. We also have involved other agencies on our Independent Living Advisory Committee along with DCYF staff from each geographic region. And have been in discussion with the Narragansett Tribe about services available to Indian children and youth.

We have been involved in discussions regarding mutual interests in services to youth and resources which would be available to our youth in care. We have had discussions of varying content with school to career agencies, the Department of Labor and Training Rhode Island Department of Human Services, the Work Force Investment Boards' Youth Councils, the University of Rhode Island, Rhode Island College, the Community College of Rhode Island, Travelers Aid, the Rhode Island Housing and Mortgage Corporation, the Rhode Island Coalition for the Homeless, the Rhode Island Commission for the Homeless, the Federal Office of Certified Apprenticeship Programs, Casey Family Services, United Parcel Services, CVS Pharmacy, Women and Infants Hospital, Johnson and Wales University, New England Technical Institute, Good will Industries of Rhode Island, the Rhode Island Transitional Council for Handicapped Students, and The Rhode Island Parent Information Network.

Specifically, this past year, we became involved with the DLT Shared Vision for Youth Committee RI Team, The Jim Casey Youth Opportunities Initiative, and the new federal Regional Job Corp Center which opened very recently in Rhode Island. We believe this is a developmental, ongoing process which will produce opportunities for our young people to receive pre-employment and employment skill building and career development.

Collaboration and resource development are key components in expanding and enhancing services. We have initiated or plan to involve the following organizations in assisting our young people to attain success. We have had more involved contacts with the following agencies:

- Casey-ongoing relation of over 5 years-work on Jim Casey Youth Opportunity Initiative
- Workforce Investment Board Youth Councils-ongoing relationship as member of Youth Councils and in regard to the Shared Youth Vision
- ORS-working on process for evaluation and funding to provide a career path for youth

with handicapping condition

- Colleges and Vocational Schools-ongoing to assist youth enter programs to obtain all available services and funding
- School to Career-ongoing to improve access and develop linkage to other resources
- NetWork Rhode Island to provide access and develop a process to integrate services
- RI Higher Ed Authority-Initiating to provide linkage, access and additional resources
- Crusade for Higher Ed-Following up to expand opportunities for additional funding and services
- Federal Apprenticeship Program- to develop a process to provide access for apprenticeships
- Shared Youth Vision-developing to provide access to youth in care to opportunities and services through the Department of Labor

Description of the objective criteria the state uses for determining eligibility for benefits and services under the programs, including the process for developing the criteria. (Section 477)(b)(2)(E)).

Eligibility for independent living services is based upon age and living arrangement and opportunity is available to all youth 16 and over in out of home care statewide. The criteria was developed consistent with the policy to develop a transitional living plan and is , partially, by the financial limits which exit. Additional funding would allow services to begin at 12 or 14 instead of 16.

The Daniel Memorial Life Skills Assessment and Curriculum are made available through contract with the Rhode Island Foster Parents Association to all youth 16 and over in foster care. The same services are available to all youth living in group care. This program is administered by RICORP, to which all programs, in state, providing services to DCYF clients belong. Teen Grants are grants (up to \$400.00) made available to youth 14 and over in care, which enhance their movement toward self-sufficiency.

Medicaid coverage for youth 18-21 -

Rhode Island DCYF supports Medicaid coverage for youth 18-20, who have left care. A request had been made to the Department of Human Services which administers the funds and is required to amend its plan to provide such coverage. Because of cost factors and funding issues, we were not able to obtain approval for this service to be provided. We are continuing to pursue this plan and to work with DHS to achieve this valuable asset for these youth.

Recent developments have created a new Office of Health and Human Services Agencies, including DHS, the agency which provides Medicaid, and DCYF. Hopefully, with more potential for direct collaboration among this group of agencies, we may be able to advocate more effectively to overcome barriers to allowing this important coverage for older youth leaving care.

Positive Youth Development -

Consistent with the philosophy of positive youth development, the Department has involved youth in the process of planning, through an active Youth Advisory Board.

The Youth Advisory Board is based upon the commitment to youth involvement in planning their own programs. The Youth Advisory Board has been active in advocating for educational legislation, which provides funding for education expenses for college, has developed and administered a survey to youth in care to obtain the youths' perception about the quality of care, has participated in a focus group to obtain input from youth about the case plan review process, and is completing a handbook for youth in care to better answer questions youth have about being in care. The Youth Advisory Board will also be involved in the ongoing development of the websites previously noted and with the websites up and running, the Department will have an opportunity to receive more feedback and recommendations from all youth in care.

During the coming year an increased emphasis will be placed upon youth involvement in all aspects of program from participation on boards and committees to training of staff and foster parent to case planning

Some youth from the Board currently participate in staff and foster parent training and will continue to be involved with this and other training and promotion. Other youth are also involved on the Teen Grant Committee, in planning the annual Youth Conference, and in judging the annual logo contest

.Also, as a priority, training for agency staff, community staffs, and foster and adoptive parents will continue to be expanded, enhanced, and integrated with other training and will include more youth involvement. Currently, training is provided to DCYF and other agency residential staffs, around issues on aging out, transition, life skills, adolescent development and positive youth development. All components are carry out by Kathi Crowe, a nationally known consultant, working with the IL Program, who coordinates with the Child Welfare Institute staff and with youth to participate in training.

Funding for this training is separate from Chafee funds.

Consultation and Collaboration with Indian Tribes -

Rhode Island has one recognized tribe-the Narragansetts. We have entered into discussion with members of the tribe as a department, with a number of DCYF staff participating. Initially, Kathi Crowe and John O'Riley met with Wenonah Harris, the head

of Social Services and provided her with written information about the Chafee Program, explaining that services are available to Indian youth that are available to all other youth 16 and older in out of home care.

Discussions continue with more global issues of tribal investigations of allegations and involvement of a tribal judge being given priority at this time.

Coordination with other Federally Funded Programs -

We have been working jointly with the Project Hope Program which provides mental health services to juveniles transitioning from the Justice system to insure services to that population are available when reunification is not possible and the youth remains in out of home placement. The Department with the Data Analytic Center at Yale University conducted a review of cases on 1,269 youth who were released from the Rhode Island Training School (RITS) between January 1998 and August 2003, and found that 42.2% of the youth incarcerated in Rhode Island during that time period had a RICHIST documented history of indicated child abuse. We have also been working the DLT Shared Vision for Youth Committee, with Workforce Development Youth Councils, School to Career and the Juvenile Justice Commission to develop resources for youth transitioning to receive services for job placement, training, and education.

Educational and Training Voucher Program -

Educational and Training Vouchers have continued to be a valuable resource to allow more options to youth in order to customize choices to meet their individual needs. During the past year, 40 youth have received funds to attend 25 different programs.

Program development continues to be a priority. Emphasis has been placed on promotion of the program collaboration with schools and agencies to develop an integrated process focused on education and training leading to employment and a career path for the future.

The Educational and Training Voucher Program is aligned most closely with the Child and Family Service-Program Improvement Plan Goal # 4.

GOAL 4 – Transition all children and youth from public supported care with the supports, skills and competencies in place to ensure stability and permanency.

Objectives for 2005-2006

- **Improve and increase promotion and awareness of the program**
- **Increase and enhance collaboration with other agencies and educational facilities**
- **Integrate education, job training and job placement**

- **Involve more youth in planning and promotion**
- **Increase mentoring for youth receiving ETV's**
- **Improve and expand funding from multiple sources to assist youth attending private colleges to avoid loans**
- **Enhance relationships with ORS, Job Corp, The Children's Crusade, and DLT One Stop Centers**
- **Increase and enhance mentoring available**
- **Recruit and nurture involvement of administrators from among the schools and colleges students are choosing to attend to be part of a planning effort to produce success for those students**

Description of how the state ensures fair and equitable treatment of benefit recipients. (Section 477 (b)(2)(E)).

All eligible youth have an opportunity to apply for existing services. All applications are acted upon in a timely manner and services are provided, based upon availability of funds. For those programs providing direct funding to youth, a committee comprised of youth and program staff, reviews the applications without knowledge of the applicants' identity. Any completion stipends made available are paid equally to all who meet the requirements.

Education and Training Voucher Program

Part I - Plan Narrative

This Application for FY 2006 Education and Training Voucher Program funds will assist Rhode Island to continue to strengthen and expand its post secondary educational assistance program to achieve the purpose of the Education and Training Voucher program (section 477(a)(6) of the Act) to: a) help youth make the transition to self-sufficiency; and b) help youth receive the education, training and services necessary to obtain employment, by providing funding to supplement state efforts and other federal educational funds.

Vouchers in amounts not to exceed \$5,000 per youth per year will be provided to eligible youth (as identified in Section 477(i)) for education and training programs. The Department's current efforts to enhance the educational and vocational opportunities for youth will be greatly expanded through this program.

The Department supports the transition of all children and youth from publicly supported care with the skills and competencies in place to ensure stability and permanency - prepared to transition successfully to adulthood. As part of that commitment, we are dedicated to enhancing the educational outcomes of youth, including increasing the numbers of youth who complete high school and enter post-secondary programs. This commitment is reflected in several current activities:

- An annual Education and Planning Conference is provided to youth in foster care, in grades nine through twelve and those youth pursuing a GED. This conference is aimed at motivating youth to pursue higher education and at assisting youth with educational planning. Information regarding entrance requirements for two and four year post-secondary educational programs is provided and recommended courses of study for youth in high schools is reviewed. Information regarding the college application process and the application for financial assistance process is reviewed. Workshop leaders review the FAFSA (Free Application for Federal Student Assistance) application and advise students on time lines and other information that will assist with their successful completion of Financial Aid forms. Information regarding federally funded programs designed to assist youth in successfully completing their secondary and post-secondary education, including Upward Bound, Talent Development and Preparatory Enrollment Programs as well as, resources, such as, the Educational Opportunity Center, Access to Opportunity and the Minority Mentoring Programs is provided in keynote presentations, workshops and printed material.

- An Annual Graduation Celebration honoring youth in foster care who have earned their high school or college diplomas, GED, or who have completed a post secondary vocational program is held for the graduates and their guests. The event has been provided for the past four years. In 2004, sixty seven graduates and their guests, including foster and biological families, DCYF staff, friends of the graduates, and group home staff, were honored. In 2004, two college graduates were also honored. In 2005 over 90 students were identified as graduating from high school, vocational school, or college or obtaining a GED.
- Training regarding post-secondary resources and application processes is provided to DCYF social workers annually on a regional basis, by Youth Development Consultant, Kathi M. Crowe and staff from the Educational Opportunity Center. Information regarding PSAT, SAT schedules and fee waivers and financial aid, including completion of the FAFSA is presented. RI DCYF Higher Education Incentive Grant application is reviewed. Information regarding additional resources, such as, The Orphan Foundation, is also provided. Information regarding the Education and Training Voucher Program, including eligibility and application information is included in these trainings.
- The Rhode Island DCYF Higher Education Opportunity Incentive Grant Program was enacted through state legislation passed in 1999. The grant provides \$200,000 of state funds to supplement what youth in the custody of DCYF receive in state and federal financial assistance and scholarships. The funds can be used for youth to attend state schools, including Rhode Island College, the University of Rhode Island, and the Community College of Rhode Island. The funds must be used for youth who have been in custody for a minimum of two years and who attend school full time. The legislation was passed with tremendous support of the RI DCYF Youth Advisory Board. The program is administered as part of the Independent Living Program of DCYF.

RI has expanded its post-secondary educational assistance program by including opportunities for youth to attend additional colleges and universities, private and public, in state and out of state, as well as, vocational training programs directed at assisting youth to gain the training necessary to obtain employment and achieve financial self-sufficiency in an increasing difficult job market. Many of our youth do not wish to attend college and are more appropriately supported by gaining access to a skilled field of employment. ETV funds have allowed for the development of expansion of Rhode Island's efforts in that area.

We also have requests from youth who wish to attend local private schools such as Johnson and Wales, Brown University, Providence College, Dean College, etc. and have had no funds available to assist with these requests. The funds available through the Education and Training Voucher Program will help to close that gap and expand the range of opportunities for our youth.

Previously, no assistance was available for vocational programs. The Education and Training Voucher Program have been used to expand current program efforts to include post-secondary vocational programs.

As part of the Case Plan process, for youth in foster care at the age of sixteen and older, a Transitional Living Plan must be developed, which identifies specifics regarding the youth's preparation for self-sufficiency, including post-secondary employment and educational goals. This program will be promoted and included as part of that Transitional Living Plan process and the Independent Living Policy of DCYF will be amended to reflect the Educational and Training Voucher Program. The Transitional Living Plan is developed with the youth and other significant people to insure there is agreement and it is representative of the real needs of each youth.

Rhode Island Department of Children, Youth and Families currently implements the RI DCYF Higher Education Opportunity Incentive Program through an application and monitoring process managed by the Independent Living Program. A youth wishing to apply for those grant funds, completes an application which establishes their status as youth in foster care, in the care of the Department, the length of time in foster care, a copy of their letter of acceptance into the post-secondary school, a copy of their Financial Aid award letter, and a signed confidentiality waiver that will allow Independent Living staff to review grades and other pertinent information from the school on a regular basis to ensure compliance with the conditions of the tuition assistance.

The funds provided through the Education and Training Voucher Program are managed and monitored in a similar manner. Applications are used which establish the student's eligibility as established in the Act and grants will not exceed the amount determined by the Act (\$5,000 per year per youth) or the total cost of attendance. Students total financial aid packages and the total cost of attendance will be reviewed for each youth in foster care by their social worker to ensure duplication is avoided. Youth who have been adopted after age sixteen have their applications and financial aid award packages reviewed by their Adoption Unit Worker. Financial aid award packages of former foster care youth are reviewed and monitored by the Independent Living Program staff.

Voucher implementation protocols are reviewed with DCYF Management and Budget and additional systems established as recommended.

Rhode Island has no political subdivisions. The RI Department of Children, Youth and Families services youth and families statewide, with four Regional Offices located across the state.

All eligible categories of youth are served through the Education and Training Voucher Program, including current and former foster youth, youth adopted after age sixteen. The program is advertised and promoted statewide. Applications are available

at all DCYF Regional offices, at the RI Foster Parents Association, and at all adoption agencies in Rhode Island. There is one major newspaper in Rhode Island the Providence Journal which will be used to advertise the program to foster parents and adoptive parents as well as former foster youth. Radio stations will also be recruited to assist in the promotion of the program to eligible youth, especially former foster youth.

Additionally, information will be sent out to foster and adoptive families by DCYF staff and via Foster Parent Association and Adoption RI newsletters. Information will be distributed as soon as the Education and Training Voucher Program funds are awarded. Training will be provided to DCYF administrators and Family Service and Adoption Workers to assist them in the identification of eligible youth in all categories, including current and former foster youth, and youth adopted after the age of sixteen. Information packets will then be sent out to youth, group homes, foster and adoptive homes to assist in the identification of eligible youth. Applications will be returned to the Independent Living Program for processing and to ensure compliance with the Certifications identified on Attachment B.

DCYF has determined no State statutory and/or administrative barriers that have inhibited the administration of this program.

During the current year, 40 youth have received ETV Grants, with a range of colleges and vocational programs represented. The Rhode Island Council of Resource Providers (RICORP) holds the contract for administering the ETVs, and based on the past year and a half of expenditures from January 2004 to July 2005, the amount of funding spent for vouchers was \$179,996.42. The amount allocated to administrative costs was \$5,636.22, for a total of \$185,632.64 during this period.

It will be necessary to increase the number of youth who can utilize this funding if we are to assist all youth to leave care ready to lead productive lives. Before student can be successful at the post secondary level, students must be prepared and successful entering and completing high school. They must have supports to achieve and problem solve and sustain positive outcomes. This will require better support from all parts of the system, including caseworkers, group home staff, foster and adoptive parents

There must be a full range of opportunities with information and interested people to stimulate ideas and provide encouragement, skills training and support for the long haul. In order to build the depth and breath required, it will take increased collaboration at all levels. Every youth in our care needs and deserves the opportunities to learn a skill and to be able to earn a living. There are no exceptions. Everyone has to be somewhere at the end of the day and needs to be a success.

In order to accomplish the above, we again need to make the entire system responsible for change and for the steps necessary for our youth to be successful, planning needs to begin at least at 14, and with the beginning of high school. As more youth become successful and able to take advantage of the ETV's, there must be a means to expand

the amount to each student and expand the number of students able to receive such assistance.

The objectives for the ETV program are the same as for the Chafee Foster Care Independence Program:

Objectives for 2005-2006

- **Improve and increase promotion and awareness of the program**
- **Increase and enhance collaboration with other agencies and educational facilities**
- **Integrate education, job training and job placement**
- **Involve more youth in planning and promotion**
- **Increase mentoring for youth receiving ETV's**
- **Improve and expand funding from multiple sources to assist youth attending private colleges to avoid loans**
- **Enhance relationships with ORS, Job Corp, The Children's Crusade, and DLT One Stop Centers**
- **Increase and enhance mentoring available**
- **Recruit and nurture involvement of administrators from among the schools and colleges students are choosing to attend to be part of a planning effort to produce success for those students**

Title IV-E Training Plan

The Department of Children, Youth and Families has a cooperative agreement with the Rhode Island College School of Social Work to provide training services in support of the Child Welfare Institute (CWI). As referenced previously, the CWI plays a significant role in preparing new DCYF employees for their responsibilities as social caseworkers. The CWI also provides a mandatory in-service curriculum of 20 training hours per year, as required by RIGL 42-72-5(b)(10).

The six-month pre-service training class is offered three times a year for new social workers beginning work with the Department. In each of these six month courses, 336 hours of classroom training and site visits are planned, with the remaining time spent gradually in the field. Each topic requires between 3 and 18 hours of class time. The pre-service modules also include 20 hours of training with the RICHIST (SACWIS) data system. Workers begin pre-service by attending training 5 days per week in month one, which is reduced to one day per week by month 6. As they spend more time in the field, they are also assigned cases beginning in the second month.

Due to a currently diminished workforce, however, the Child Welfare Institute, in collaboration with Family Service Unit staff, has begun a slightly different approach for the current and next class of social workers. In this new approach, workers will be affiliated with their FSU unit on the first day of their orientation, and this will allow the student workers to remain in their Region, with their new supervisory unit for the first week. Over the next two to three weeks, the class will receive intensive, formalized classroom instruction. Subsequently, the workers will remain in their Region for 4 days a week and in the Institute 1 day a week. This modified approach will give the new workers strong support earlier in the process – within their regions and from co-workers, as well as from the Child Welfare Institute staff.

In fiscal year 2005, the CWI provided 735 hours of pre-service training to 48 social casework students in these six month courses, phases of which run concurrently. The previous class began with 29 students and ended with 24 students entering work with DCYF. The current class has 33 social work students.

The estimated total budget for the Child Welfare Institute, representing salaries and contracts, is \$717,600.00. The training plan, supported by cooperative agreements with Rhode Island College and the University of Rhode Island, is allocated into Title IV-E training, Medicaid training, and TANF training. The portion of the contract that relates to IV-E reimbursable pre-service and in-service training is then multiplied by the blended IV-E eligibility penetration rate which was 50.67% as of June 2005. This blended rate is inclusive of the adoption penetration rate of 60% and the foster care eligibility penetration rate of 41.34%. The resulting amount is then claimed as IV-E Training which is reimbursed at the 75% training rate.

Three specific types of training are represented in the IV-E cost allocation plan:

- Adoption workers who train prospective adoptive parents
- The Rhode Island College (RIC) Child Welfare Institute (Pre-Service)
The Institute provides training for all newly hired social workers and child protective services workers, though CPS workers are not claimed to Title IV-E.
- General ongoing training activities (In-Service)
The institute includes a community collaboration cross training which integrates community provider participation; however, the community participants are not claimed to Title IV-E.

A small amount of training costs is also captured through the Random Moments Time Study (RMTS).

PRE-SERVICE TRAINING MODULES

<i>Course</i>	<i>Syllabus</i>	<i>IV-E Functions Addressed</i>
CASA Information	3 hour training reviewing relationship between DCYF and Court system. Provides an overview of roles, responsibilities and personnel of CASA; and overview of programs sponsored by CASA.	Preparation for and participation in judicial determination; Case management and supervision
Case Closure - RICHIST	3 hour training relating to the RICHIST (SACWIS) data system to develop skills in preparing for case closure; requesting case closure from RICHIST; checking status of case closure request; RICHIST case closure email messages; and routing for supervisory approval.	Case management and supervision; Data collection and reporting.
Case Plans I	6 hour training designed to provide the skills and knowledge in writing a service plan in collaboration with families. Participants learn federal laws and agency policy, the impact of family-centered practice and strength-based theory, and will be able to write measurable objectives and tasks.	Development of the case plan; Preparation for judicial determination; Case management and supervision; Referral to services
Case Plans, RICHIST	3 hour training relating to RICHIST (SACWIS) data system – preliminary preparation and documentation; creating the service plan through the Assessment window; documenting individual and family strengths; developing objectives and tasks; developing a visitation plan, transitional living plan and discharge plan; generating signature pages; copying a case plan to other case participants; creating an ongoing case plan; and terminating a case plan.	Data collection and reporting; Development of the case plan; Case management and supervision; Referral to services
Case Profile Narratives, RICHIST	3 hour training relating to RICHIST (SACWIS) data system for maintaining case information; review of case history; recording personal information; e.g., aka names, address tab, relationship	Data collection and reporting; Development of the case plan; Case

	tab, maintain participant information window, red flag; and adding participants to cases; e.g., search, create a person, complete participant information, activate participant and update living arrangements.	management and supervision; Case reviews
Child Development I and II	3 day workshop providing an overview of normative development in infancy, childhood and adolescence as a guide in the assessment and case planning for families in which abuse and/or neglect has occurred.	Placement of the child; Development of the case plan; Case management and supervision; Case reviews
Collaboration and Resources	<p><u>Community Partners Resource Fair</u> – 6 hours – offers a blend of service providers and contracted community partners to inform participants of resources in the community.</p> <p><u>Poverty Institute</u> – 6 hour training – addresses the federal financial and medical programs to assist families when children are removed and reunified. Also addresses resources available to ensure healthy family life.</p> <p><u>RI Foster Parents Assn.</u> – 3 hour training – identifies the support system for foster parents and the resources available to them and foster children.</p>	Referral to services; Case management and supervision; Placement of the child.
Court Letters and Dictation	6 hour training – develops an understanding of court terminology; the roles of the participants in court proceedings. Provides examples of court letters and writing exercise with emphasis on a clear and concise outline.	Preparation for and participation in judicial determinations; Case management and supervision; case reviews
Court Visit	3 hour site visit to Family Court to provide understanding that Family Court is an integral part of the child welfare practice. The visit provides social workers with a view of court proceedings and introduction to judges.	Preparation for and participation in judicial determinations; Case management and supervision; case reviews
Discuss Court and Field Preparation	6 hour training – attends court as field experience in both Family and Juvenile Court. Develops understanding of case activity notes (CAN) dictation – the written documentation of everything that a social caseworker II does in relation to a case; providing the basis for most other written work: case plans, assessments, social summaries, and court letters.	Preparation for and participation in judicial determinations; Case management and supervision; case reviews
Family Assessment I	1 day training (6 hours) focusing on family centered and strength-based practice and the impact on assessment of family needs, at risk situations and permanency planning. The family system's approach is explained and techniques and skills are identified to assist families and child welfare staff in developing a service plan building on principles of family preservation.	Development of the case plan; Placement of the child; Referral to services; Preparation for and participation in judicial determinations

Family Assessment II and Case Flow	3 hour training outlining the process of the case work responsibilities of a child welfare case, once it is assigned to Family Service Unit workers; develops understanding of Departmental policy.	Development of the case plan; Placement of the child; Referral to services; Preparation for and participation in judicial determinations
Family Centered Practice	3 hour training on strength-based, solution-focused and collaborative approaches to assessing families. Develops an understanding for identifying possibilities and options necessary to clearly identify and assess safety and risk factors, and to assist families through the process of change.	Development of the case plan; Placement of the child; Referral to services; Case management and supervision; Case reviews
Field Experience	<p>Includes shadowing of more senior case workers and supervisors to provide on the job training, and site visits:</p> <p><u>Adult Correctional Institute (ACI)</u> – 3 hour training/site visit to develop understanding of issues relating to visitation between children and incarcerated parents. The site affords an opportunity for social workers to visit and become knowledgeable of the prison system.</p> <p><u>Children’s Advocacy Center (CAC)</u> – 3 hour training/site visit with CAC to develop understanding of program function, gain insight into psychological impact of sex abuse, and understand results of evaluation for case planning. CAC works with DCYF to assess children when there has been an allegation of sexual abuse.</p> <p><u>Rhode Island Training School (RITS)</u> – 3 hour training/site visit introduces social workers to the juvenile corrections facilities and its services, in relation to juvenile parole and probation responsibilities.</p> <p><u>Family Court</u> – 3 hour training/site visit – acquaints social workers with role and responsibilities, proceedings in Family Court.</p>	Development of the case plan; Placement of the child; Case management and supervision; Preparation for and participation in judicial determinations; case reviews
Foster Care	1 day training (6 hours) develops skills and knowledge needed to work with Foster Resource Families; participants learn the role foster care plans in permanency planning, emphasizing safety, permanence and continuity. Participants learn knowledge of family systems, importance of values and roles, knowledge of supportive resources; understanding of separation and loss issues; understanding of generic foster care, kinship care and the concept of concurrent planning; and the role of the social worker in maintaining safety, and establishing continuity and permanence of child(ren).	Placement of the child; Referral to services; Development of the case plan; Case management and supervision; Case reviews
Interviewing I and II	9 hour training (total) to develop understanding of interviewing techniques in working with families to assess safety, well-being and permanency for children; incorporating family centered practice and strength-based approach; also focuses on conversation management interviewing techniques to complete assessments.	Preparation for and participation in judicial determinations; Case plan development; Referral to services; Case management and supervision.

Juvenile Justice	6 hour training includes visit to Family Court - provides overview of mission and process involved in working with youth on probation and parole, and becoming familiar with the role and responsibilities of juvenile probation and parole officers.	Case management and supervision; Preparation for and participation in judicial determinations.
Legal I and II and Panel	Each module provides a three hour training for 9 hours (total) – participants are instructed on the DCYF Staff Handbook on Child Welfare in RI and the Glossary of Legal Terms in DCYF Cases. Participants develop an understanding of DCYF hearings and their duties in the proceedings; types of DCYF petitions and each process from filing to the Court hearing; types of DCYF petitions and legal issues with youth, such as wayward/disobedient matters. Course includes case consultation.	Preparation for and participation in judicial determinations
Legal - RICHIST	3 hour training to develop computer skills for documenting 48-72 hour holds, ex-parte, dependency, neglect and abuse petitions; creating multiple petitions; updating court hearing information and outcomes; duplicating court hearing information to other participants; reviewing juvenile probation petitions.	Preparation for and participation in judicial determinations; data collection and reporting
Outcomes and Reports	<ul style="list-style-type: none"> 3 hour interactive and instructional training to develop understanding of correct record keeping and documentation of case records. 3 hour training designed to assist social workers with understanding psychiatric and psychological evaluations; interpreting the recommendations as they impact on permanency planning. 	Data collection and reporting; Case management and supervision; referral for services; Case reviews.
Permanency Planning	3 hour training – participants will understand a chronological history of pertinent federal laws and how they interface with Rhode Island statutory procedures and child welfare practice. Participants gain insight into separation and loss issues for children who transition from placement to placement without permanency.	Development of the case plan; Placement of the child; Preparation for and participation in judicial determinations; Case management and supervision; Case reviews
Placements	3-6 hour training – participants develop skills and knowledge for completing a referral packet for placement that will preserve a child's safety, well-being and permanency planning. Emphasis is on ensuring the best match and fit for an appropriate placement, and understanding the impact of placement on a child. Care Mgt. Team representatives provide information on residential placement requests and recommendations.	Placement of the child; Referral to services; Case management and supervision; Case reviews
Placements RICHIST and Title IV-E	6 hours total inclusive of work with Placement Unit and Care Mgt. Team staff – participants learn computer skills relating to documenting a placement through the request window; documenting placement through the placement window; documenting placement ending; documenting AOL; updating living arrangements; amending a placement; and calculating a foster care rate.	Placement of the child; Data collection and reporting

RICHIST Coaching	3 hours provided to support development of computer skills in documenting placement requests in RICHIST (SACWIS) data system.	Data collection and reporting
RICHIST Basics I, II, III	Provides participants with 14 hours of training on basic software packages to develop skills necessary for communications, file management, and case documentation, as well as accessing online resources.	Data collection and reporting
Risk/Needs Assessment	3-6 hour training – develops understanding of important differences between risk and safety; why each is assessed; what the assessments reveal and what actions are indicated as a result of each assessment. Participants actively engage in exercises related to each within the context of family centered practice. Professional experienced in trauma assessment provide an overview of current research in the field of psychological trauma and an introduction to trauma informed clinical treatment and case management.	Referral to services; Development of the case plan; Placement of the child; Preparation for and participation in judicial determination; Case management and supervision
Visitation	6 hour training (1 and ½ days) includes tour of the Providence Children’s Museum – develops understanding of the expectation of visitation practice from theoretical and practical perspectives. Links visitation practice with DCYF policy, ASFA, family-centered practice, assessment and permanency planning as a means of promoting a best practice approach to visitation. Develops an understanding of importance of team approach consisting of biological family, placement resource, service providers, child and worker; and increases understanding of how emotional aspects of the children and families’ lives can impact on and are integral to visitation preparation and process.	Referral to services; Development of the case plan; Placement of the child; Preparation for and participation in judicial determination; Case management and supervision
Adolescent Training	3 separate programs (12 hours total) to teach participants a developmentally based model for independent living - focuses on early, middle and late adolescent stages; teaches assessment tools to measure adolescents’ level of skill and competency, and to use a team approach to providing independent living services. Increases understanding of principles of mutual involvement; social worker and adolescent communication.	Development of the case plan; Placement of the child; Preparation for and participation in judicial determination; Case management and supervision; Referral to services.
Adoption	7 hour training designed to provide social caseworkers with the knowledge and tools necessary in preparing children for adoption. Course increases knowledge and awareness of DCYF and contracted agencies; family systems in adoption work; separation and loss issues; recognizing attachment disorders; identifying appropriate home studies; knowledge of the importance of post-placement support and treatment services and strategies to ensure that services are provided to children and their adoptive families.	Development of the case plan; Placement of the child; Preparation for and participation in judicial determination; Case management and supervision; Referral to services; and Case review.

IN-SERVICE TRAINING MODULES

In-service training courses, in accordance with RIGL 42-72-5(b)(10), are necessary for social workers to provide for the proper administration of the Title IV-E Plan for families and children in care. Costs related to in-service training modules are treated as an indirect cost in the cost allocation plan, and are linked to the following courses:

<i>Course</i>	<i>Syllabus</i>	<i>IV-E Function Addressed</i>
Comprehensive Family Assessment Tool	6 hour training to enhance skills in conducting a comprehensive family assessment encompassing safety, risk, permanency, and well-being throughout the life of a case. Training focuses on identifying family strengths and protective capacity, ways to engage family and build a collaborative relationship, developing sensitive and objective interviewing skills, and documenting information in the RICHIST (SACWIS) system.	Placement of the child; Case plan development; referral for services; Case management and supervision; Case reviews; Data collection and reporting; Preparation for and participation in judicial determinations.
Case Plan Development	6 hour training designed to provide the skills and knowledge in writing a service plan in collaboration with families. Participants learn federal laws and agency policy, the impact of family-centered practice and strength-based theory, and will be able to write measurable objectives and tasks.	Development of a case plan; Case management and supervision; case reviews.
Violence in the Home	3 day training provides a comprehensive overview and understanding of issues in family violence along with practical applications for child welfare practice.	Development of a case plan; Referral for services; Placement of the child; Case management and supervision.
Child Development from Infancy to Adolescence	3 day training designed to provide an overview and understanding of useful developmental principles and normative dimensions of child and adolescent development as a guide to assessment and service planning in cases of abuse and neglect.	Development of a case plan; Referral for services; Case management and supervision.
Family Visitation in Child Welfare – The Heart of Permanency Planning	3 day training to develop understanding of visitation practice relating to agency policy and permanency planning outcomes; the value of family visitation as a means of better assessing needs of the family, and conducting visitation form a best practice model – Families Together Therapeutic Visitation.	Case plan development; Referral for services; Case management and supervision; Case reviews.
The Criminal Justice System, Child Welfare and the Visitation Process	3 day training to develop tools necessary to provide appropriate referral for services to children whose parents are in a prison facility; emphasizing the importance and need for continuing relationships children have with their incarcerated parents.	Case management, Referral for services, and Supervision.

Where's Daddy? How to Engage Hard-to-Reach Dads?	3 day training designed to develop an understanding of the important role of fathers for child well-being and development, and how to engage fathers to be more involved in the case. Provides information, referral and resource identification for case planning and engaging fathers.	Development of the case plan; Referral for services; Preparation for and participation in judicial determination; Case management and supervision.
Cross Systems Collaboration	Half day inter and intra-departmental training - developing an understanding for the DCYF system, roles and responsibilities; identifying the role and contributions of community providers as they relate to DCYF functions promoting safety, permanency and well-being outcomes.	Referral for services; Case management and supervision.
Working with Pregnant and Parenting Teens	3 day training designed to develop an understanding of the dynamics of adolescent pregnancy and parenting as it relates to case planning. Information addresses agency policy, ways to engage teen dads, assessment of the teen parent; and engaging teen parents in case planning as it relates to effective parenting practices.	Development of the case plan; Referral for services; Preparation for and participation in judicial determination; Case management and supervision.
Nature of Substance Abuse	3 day training designed to enhance knowledge and skills relating to parental substance abuse as it relates to appropriate referral for services and development of the case plan.	Development of the case plan; Referral for services; Preparation for and participation in judicial determination; Case management and supervision.

PRE-SERVICE FOSTER CARE/ADOPTION TRAINING MODULES

The Department of Children, Youth and Families (DCYF) requires all applicants for foster care and adoption to participate in a Resource Family Pre-Service Assessment and Training. The curriculum, offered 12 to 16 times annually, is a ten (10) week course developed by the Adoption Resources, Preparation and Support Unit within DCYF. Each module is 3 hours for a total of 30 hours of pre-service training, taught by trained specialists in preparing foster and adoptive families.

<i>Course</i>	<i>Syllabus</i>	
An Introduction to the Continuum of Care	Introductory session on training series and expectations. Designed to help participants interested in becoming resource families better understand the needs of children who have been in the substitute child care system, and determine where along the continuum of care they might best serve Rhode Island children displaced from their families to whom they hope to return.	Preparation for prospective foster or adoptive parents and members of state licensed child care institutions providing care to foster and adopted children receiving Title IV-E assistance.

Family Systems, Race, Culture and Diversity	This course explores the concept of family and what it means to be a family member, looking at the forces within a family that enable it to function and to provide its members its unique sense of identity. The course also explores concepts of race and culture in society, looking at difficulties faced by children growing up outside of their family and culture of origin. Develop understanding of challenges faced by resource families in raising these children to be emotionally healthy and in touch with their racial, cultural and personal identity.	Preparation for prospective foster or adoptive parents and members of state licensed child care institutions providing care to foster and adopted children receiving Title IV-E assistance.
The Experience of Childhood Abuse/Neglect & Issues of Discipline by Care Givers	Video presentation including interviews with children who have experienced abuse. Understanding the challenges of parenting these children, discussing disciplinary strategies that will not re-traumatize the children, but help them learn healthier, more acceptable ways of relating to the world and people around them.	Preparation for prospective foster or adoptive parents and members of state licensed child care institutions providing care to foster and adopted children receiving Title IV-E assistance.
The Experience of Childhood Sexual Abuse and Its Impact	A continuation of the prior weeks' discussions with focus on the intense emotional trauma of sexual abuse and the parenting challenges inherent in caring for a child who has experienced sexual trauma.	Preparation for prospective foster or adoptive parents and members of state licensed child care institutions providing care to foster and adopted children receiving Title IV-E assistance.
Child Protective Investigations and the Placement of Children	Understanding the mandatory reporting laws for abuse and neglect, and the investigation process generated by such reports. To prepare resource families for their role as more visible members of a larger community that may not be understanding of or sensitive to issues and challenges faced by resource families. Course helps resource families to understand the process of placing children in their homes, the paperwork and the dynamics involved once placement has occurred.	Preparation for prospective foster or adoptive parents and members of state licensed child care institutions providing care to foster and adopted children receiving Title IV-E assistance.
The Experience of Childhood Separation and Loss, It's Impact and Children's Need to Hold onto Memories	Developing an understanding of placement through a child's eyes; the trauma associated with loss and separation. This session helps participants understand the grieving process and the intense feelings and difficult behaviors that are a natural part of grief.	Preparation for prospective foster or adoptive parents and members of state licensed child care institutions providing care to foster and adopted children receiving Title IV-E assistance.
The Impact of Trauma on Child Development and on the Child's Capacity to Form Trusting Attachments	Developing an understanding of the different stages of child development and the effects that a child's traumatic experiences will have on their overall development. This session also helps participants to understand the impact of abuse, sexual abuse, neglect, and separation in relation to the child's capacity to trust and attach to adults. This takes into consideration issues of discipline, focusing less on controlling behavior and more on trust and relationship building.	Preparation for prospective foster or adoptive parents and members of state licensed child care institutions providing care to foster and adopted children receiving Title IV-E assistance.

Panel Discussion	This session offers participants an opportunity to hear from people who have chosen to serve as resource families. The panel discussion includes parents who are representative of each point along the continuum of care: Kinship, Concurrent Planning, Fostering, Legal Risk and Adoptive. The panel members share both the rewards and challenges of their experiences and are open to answering questions from participants in this assessment and training series.	Preparation for prospective foster or adoptive parents and members of state licensed child care institutions providing care to foster and adopted children receiving Title IV-E assistance.
Resource Information and Saying "Goodbye"	This session offers participants an opportunity to learn of the resources and supports available to help them in their role as Resource Families. A manual of information and phone numbers of various agencies is distributed. Representatives from various agencies are also present to offer insight into the services they offer and to answer questions.	Preparation for prospective foster or adoptive parents and members of state licensed child care institutions providing care to foster and adopted children receiving Title IV-E assistance.

An outline of how the Title IV-E Training programs are applied regarding their location and duration of training activity, as well as the cost allocation methodology for IV-E claiming are referenced as follows:

ADOPTION TRAINING –

Adoption Training is provided to prospective adoptive parents; performed by state staff at state facilities. The training is short-term.

PRE-SERVICE TRAINING –

Pre-Service Training is provided to newly hired social workers and child protective workers. (Costs for child protective workers who participate in the pre-service training are not claimed to Title IV-E.) The training modules are performed by DCYF staff and Rhode Island College staff at the RIC Child Welfare Institute. The training is long-term for trainees. Trainers split their time between Pre-Service and In-Service trainings.

IN-SERVICE TRAINING –

In-Service Training is provided to all DCYF staff, excluding those at the Training School. DCYF and Rhode Island College staff perform the trainings primarily at the RIC Child Welfare Institute. The training is short term.

ESTIMATED TOTAL COST/COST ALLOCATION METHODOLOGY

As referenced earlier, there are three cost pools for Title IV-E claiming: Adoption Services, Pre-Service, and In-Service training categories. The cost allocation methodology for these pools is as follows:

- **Adoption Services Training**
 - Costs in this pool are related to salary and operating costs for staff who provide adoption training services.
 - The Title IV-E adoption penetration rate is applied to this cost pool. The statistic – NUMBER OF CHILDREN DETERMINED ELIGIBLE FOR TITLE IV-E ADOPT. ASST. and ALL OTHER SUBSIDIZED ADOPTION (CWS, TRAINING) – sends the allowable portion to Final Receiver 201.7 – IV-E Adoption Asst/S&L Training, to which the FFP rate of 75% is applied on the Title IV-E 1 claim.
- **Pre-Service - Staff Development and Training – Administration**
 - This cost pool is developed as follows:

There are trainer salary costs identified and directly coded to Pre-Service, as well as costs from Rhode Island College for their training staff. This amount is multiplied against the pre-service/in-service percentage. This percentage is determined by the hours spent on pre-service training, which usually equates to about 35%. Additionally, staff participating in the pre-service training (trainees) are moved from the social worker cost pool to pre-service. In the June 2005 ending quarter, staff spent the entire quarter in training, so the re-class included their entire salary cost. If they only spent a portion of the quarter in training, only a portion of the cost would have been included. These two costs – the portion of trainer time and the cost of the workers enrolled in training – plus any operating costs are added together to form the cost pool.

This cost pool is allocated via an allocation statistic based on the Rhode Island College curriculum, which is as follows:

<i>Plan Dept./Final Receiver</i>	<i>Plan Dept. / Final Receiver Name</i>	<i>Allocation Statistic</i>	<i>Percentage of Total</i>
110.1	TITLE IV-E ALLOWABLE- TRG	629.00	83.87 %
110.2	TITLE XIX ALLOWABLE- TRG	46.00	6.13 %
110.3	TANF ALLOWABLE-TRG	64.00	8.53 %
110.4	ALL OTHER- TRG	11.00	1.47 %
	TOTAL:	750.00	100.00 %

This statistic sends costs to the intermediate accounts 110.1, 110.2, 110.3, and 110.4. Costs are then allocated as follows:

110.1 – Title IV-E Allowable – TRG Institute is allocated by NUMBER OF CHILDREN DETERMINED ELIGIBLE FOR TITLE IV-E & ALL OTHER (BLENDED FC & AA, TRAINING). The IV-E allowable amount is then sent to Final Receiver 201.5. This amount is then applied against the 75% FFP rate on the Title IV-E 1 claim.

110.2 – Title XIX Allowable – TRG Institute is allocated by NUMBER OF PLACEMENTS DETERMINED Eligible FOR TITLE XIX & CHILD WELFARE SERVICES (TRAINING). The Title XIX allowable amount is then sent to Final Receiver 203.3. The amount is then claimed to Medicaid and applied against the 50% FFP rate.

110.3 – TANF Allowable – TRG Institute – is allocated direct to TANF Emergency Assistance (Admin).

110.4 – All Other – TRG Institute – is allocated direct to “All Other” and not claimed.

▪ **In-Service - Employee Training**

- This cost pool is created by first taking the RIC instructor costs discussed above and multiplying it by the in-service percentage of approximately 65%. Additional operating costs are added as appropriate.
- This cost is allocated by NUMBER OF EMPLOYEES, EXCLUDING THE RHODE ISLAND TRAINING SCHOOL. It is treated as an indirect cost in the plan. The majority of it would be allocated to the Social Worker cost pool, as they represent the majority of the Non-Training School employees. These costs would then be allocated via the RMTS results.

COST VIA THE RMTS

The Random Moment Time Study (RMTS) does have an activity called “All Other Training Activities”. A portion of social worker costs associated with this activity are allocated to Final Receiver 201.4, which is Title IV-E FC/S&L Adm/Other, which is claimed at the 50% FFP rate. Note that this activity has the IV-E eligibility rate applied against it and is claimed at 50% FFP.

There is also an activity called Staff Training for Foster Care that received hits this quarter. This cost is allocated direct to Title IV-E training and claimed at the 75% rate.

RHODE ISLAND COLLEGE INDIRECT COSTS

The State intends to claim RIC indirect costs (incurred by the college) as set forth in the State’s approved Cost Allocation Plan.

The Indian Child Welfare Act

Rhode Island Department of Children, Youth and Families

Policy: 700.0170

Effective Date: April 10, 1989

Version: 1:

The Indian Child Welfare Act (PL 95-608) is a federal law passed by Congress in 1978 to protect the rights of Indian children, families, and tribes. This federal legislation sets guidelines for the individual states to follow in handling child welfare cases involving Indian children. It is the intent of the Act to serve the best interests of Indian children by strengthening Indian families and preserving the cultural identity of Indian children.

Prior to the enactment of PL 95-608, Indian children were often removed from their families and placed in non-Indian foster or pre-adoptive homes where the Indian culture and heritage were ignored. Congress determined that the failure to enculturate Indian children warranted the passage of this legislation.

In its efforts to adhere to this federal mandate, the Department has developed the following guidelines to assist staff in providing services to Indian children and their families.

Related Procedures

- Identification of Indian Children
- Court Involvement
- Placement of an Indian Child in a Placement Resource or Pre-adoptive Home

Identification of Indian Children

Procedure From Policy 700.0170: The Indian Child Welfare Act

- A. It is important to determine if a child is of Indian descent as soon as possible after he/she enters the child welfare system to ensure that the child's best interests are considered in accordance with the federal mandate.
- B. Initial Complaints to CPS
 - 1. During the preliminary stages of a CPS investigation, if it appears that placement or removal may be necessary, the CPI inquires if there is any Indian heritage in the family. If the CPI is unable to gather this information, the Intake worker attempts to determine the background of the child when he/she receives the case.
 - 2. If there is no Indian heritage, this should be documented by the Intake worker in the case record. If the CPI has determined whether there is Indian heritage, this information is forwarded to Intake with the partial package. The CPI may proceed with emergency placement as needed.
 - 3. If there is Indian heritage, the following information must be included in the case record:
 - a. Indian child's name, date of birth, and birthplace
 - b. Parents' names (including mother's maiden name), or names of Indian custodian(s), dates of birth, and birthplaces
 - c. Indian child's tribal affiliation
 - 4. Information contained in Subsection "3" above must be forwarded immediately to DCYF Legal Counsel. All necessary parties will be notified prior to any court proceedings by DCYF Legal Counsel:
 - a. Legal Counsel will notify the Indian child's parent(s) or Indian custodian and the Tribe of the pendency of the proceedings and of their right of intervention. This notice will be made by registered mail (return receipt requested).
 - b. If parent(s) and/or tribe is unknown, Legal Counsel notifies the Secretary of the Interior's Bureau of Indian Affairs at the following address by registered mail (return receipt requested).

Eastern Area Director
Bureau of Indian Affairs
1951 Constitution Avenue N.W.
Washington, DC 20245

- c. Legal Counsel will forward a copy of the applicable correspondence in (a) or (b) above to the caseworker. Caseworker will incorporate into the case record.
- 5. Caseworker must inform family that they are entitled to rights and privileges in accordance with the Indian Child Welfare Act. These rights and privileges are as outlined in this policy.
- C. Active Cases - If there has been no attempt to determine if there is Indian heritage in a case open to DCYF, the primary service worker must follow procedures outlined above (Subsection B).

Court Involvement

Procedure From Policy 700.0170: The Indian Child Welfare Act

The following procedures must be followed when there is a Family Court Hearing for the foster placement or the termination of parental rights (TPR) of an Indian child. The primary service worker must inform parent(s) of the procedures involved in voluntarily placing or terminating parental rights of the child:

- A. Hearing for Voluntary Placement/TPR:
 - 1. If it has been determined that a child is of Indian descent and the parent(s) desires to voluntarily place the child, customary DCYF procedures are followed with the addition of the following:
 - a. Child must be at least ten (10) days of age. If younger than ten (10) days, consult DCYF Legal Counsel.
 - b. Parent's(s') request must be executed in writing at a Family Court Hearing and certified by the presiding Judge. Consult with DCYF Legal Counsel for protocol.
 - c. All parties to proceeding (i.e. parent(s), tribe, Department) have the right to all reports or other documents filed with the court.
 - 2. If the parent(s) of an Indian child desires to voluntarily terminate parental rights, customary DCYF procedures are followed with the addition of the following:
 - a. Inform DCYF Legal Counsel that child is of Indian descent and discuss the appropriateness of the action. Legal Counsel will prepare the applicable documents for the procedure.
 - b. Parent's(s') request must be executed in writing at a Family Court Hearing Consult with DCYF Legal Counsel for protocol.
- B. Hearing for Involuntary Placement/TPR - After all notification requirements are completed, a Court Hearing is scheduled. The Court requires the following proof before allowing placement/TPR of an Indian child:
 - 1. Court must be satisfied that placement/TPR is the last resort after all active efforts to maintain the child at home have failed.
 - 2. For involuntary placement, DCYF must prove with clear and convincing evidence, based on the testimony of expert witnesses, that further care by the parent(s) would result in serious emotional or physical damage to the child. The

standard of proof for involuntary TPR under the Act is "beyond a reasonable doubt."

C. Emergency Placement:

1. If an Indian child is at risk of physical harm, he/she may be removed from the home on an emergency basis for his/her protection.
2. As soon as the child is placed, the procedures regarding the placement of an Indian child must be followed.

Placement of an Indian Child in a Placement Resource or Pre-adoptive Home

Procedure From Policy 700.0170: The Indian Child Welfare Act

- A. Selection of a Placement Resource - The Community Resources Placement Unit staff will attempt to find a placement in the least restrictive environment which meets the special needs of an Indian child. The placement should be located within a reasonable distance of the child's home:
 - 1. The Placement Unit's search for and selection of the placement should be done in conjunction with the tribe's representative in the following order of preference:
 - a. Child's extended family
 - b. Foster home licensed, approved, or specified by the child's tribe (preferably within the tribe)
 - c. Indian foster home licensed by an authorized non-Indian licensing authority
 - d. Licensed group home or institution which has been approved by the tribe.
 - 2. If the tribe chooses a home which is not licensed or certified by the Department, the tribe must submit its selection to the Family Court for approval.
- B. Selection of an Adoptive Home
 - 1. The search for and selection of the home should be done in conjunction with the tribe's representative in the following order of preference:
 - a. Child's extended family
 - b. Non-related member of the child's tribe
 - c. Other Indian family
 - d. Non-Indian family.
 - 2. If the tribe chooses a home which is not approved by an authorized agency, the tribe must submit its selection to the Family Court for approval.
- C. Deviation from preferences outlined in Subsections A and B above can be made only when the Department can show good cause for such deviation. Any determination of what constitutes good cause must be made in conjunction with Legal Counsel. This would include the situation where either parent objects to tribal intervention.

Continuum of Services

Department of Children, Youth and Families - Community and Home-Based Non-Residential Services for Children and Families

Program Name	<i>Parent Education</i>	<i>Parent Aide</i>	<i>Project Early Start</i>
Program Description	<ul style="list-style-type: none"> Provides information relating to parenting and child care that will enable parents to provide a nurturing, safe environment for their children. Program provides parents with information and guidance regarding crisis resolution, appropriate child rearing practices, household management and community resources. Services are agency-based. 	<ul style="list-style-type: none"> Provides emotional support, education information and modeling for families whose children are at risk for abuse/neglect. Services are home-based for family preservation and family reunification. Services are for 6 months, typically with home visits 2-3 times per week. Program helps parents with child care, discipline techniques, home management, and problem-solving skills. 	<ul style="list-style-type: none"> Services for ages birth to 3. Children are at risk for developmental delays and other health related challenges. Provides home-based and center-based activities to enhance parenting skills. Services include parenting groups and play groups, information on parenting, child development and home management skills. <u>Project Enhanced Early Start</u> is an extension of this program providing services for children from birth to 5 years of age.
Population Served	<ul style="list-style-type: none"> Parent education programs serve families involved with DCYF who are either at risk for abuse, neglect, or serious family breakdown or who have been identified as abusive or neglectful. 	<ul style="list-style-type: none"> Parent aide programs serve families involved with DCYF who are either at risk for abuse, neglect, or serious family breakdown or who have been identified as abusive or neglectful. These services are more intensive than parent education services. 	<ul style="list-style-type: none"> Income eligibility is 250% of poverty for parents with children from birth to 3 who are at risk for developmental and other health-related risks. Ten percent (10%) of the service availability is allowed for families above income eligibility requirements.

Department of Children, Youth and Families
- Community and Home-Based Non-Residential Services for Children and Families

Program Name	<i>Children's Emergency Services (CES)</i>	<i>Children's Intensive Services (CIS)</i>	<i>Child and Adolescent Service System Program (CASSP)</i>
Program Description	<ul style="list-style-type: none"> Provides emergency services for families experiencing crisis due to issues relating to child abuse, neglect and dependency. Crisis intervention services are provided 24 hours per day/7 days a week. Voluntary services are directed toward maintaining the children in the home and de-escalating crisis situations. CES is designed as a 60 day program, but can be extended to 120 days as needed. Services include case management and a minimum of 2 parent aide visits per week. Day care is available to assist with respite needs and reduce parental stress. 	<ul style="list-style-type: none"> Services are for children and youth birth to 21. Designed to prevent psychiatric hospitalization and assist families in situations where their children are at risk for being placed in care outside of their home. Community-based intensive individual and family treatment. Provided through the 8 Community Mental Health Centers and Family Service, Inc. Comprehensive service system for children and families who have experienced out-of-home placement. Available services include, but are not limited to, crisis intervention - both agency and community based; intensive therapeutic services - both agency and community based; intensive case management which assists families to receive appropriate educational, health, vocational, recreational, and other appropriate services; respite care both in and out of home; psychiatric and psychological interventions; psychiatric hospital liaison activity; and collateral consultations with other agencies. 	<ul style="list-style-type: none"> Services are for children and youth birth to 21. Statewide system of care which assists parents and communities plan family-centered, wraparound services for children with emotional, behavioral, and/or mental health challenges so they can remain at home or as close to home as possible. Local Coordinating Councils (LCCs) are in each of the eight mental health catchment areas. Family Service Coordinators assist families to better understand the system and services. They are themselves experienced as caretakers of children with emotional or behavioral disorders. Planning Teams are comprised of family members and may include mental health, social service, recreational agencies, parent advocates, DCYF, spiritual groups, community organizations and educational systems. The teams meet with parents and youth to identify needs and arrange services to assist maintain family functioning and keep the child at home or as close to home as possible. Services include case management and non-traditional wraparound supportive services for family members.
Population Served	<ul style="list-style-type: none"> Services are voluntary to families seeking assistance. Self-referrals; DCYF referrals; Hospitals, Visiting Nurses, Mental Health agencies, Schools and Police Departments. 	<ul style="list-style-type: none"> Children and youth with a serious emotional disturbance from birth up to the age of 18, or 21 if they are in the care of DCYF. Children and youth being referred for CIS services may or may not have status with DCYF. 	<ul style="list-style-type: none"> Services are provided for children and youth who have a serious emotional disturbance. Referrals to CASSP can be made through community mental health centers and John Hope Settlement House in Providence.

Department of Children, Youth and Families
- Community and Home-Based Non-Residential Services for Children and Families

Program Name	<i>Youth Diversionary Program (YDP)</i>	<i>Outreach and Tracking</i>	<i>Project Hope</i>	<i>Care Management Team (CMT)</i>
Program Description	<ul style="list-style-type: none"> Designed to prevent delinquency and strengthen families with children ages 9 through 17. Services are for 90 days. Services target truancy, running away from home or risk of involvement in juvenile justice system. 	<ul style="list-style-type: none"> Services provided to youth 7-20 years of age, but more focused on 12 -17 in some programs. Intensive supervision program. Prevention of out-of-home placement or aftercare for youth returning home or to their community. Services designed to assist youth understand and manage their difficult behavior, and assist parents to improve their parenting skills. Services may be connected to DCYF programs as part of the continuum for aftercare. 	<ul style="list-style-type: none"> Services for youth age 12-21 who have a serious emotional disturbance; are adjudicated and are at the Rhode Island Training School; and, returning to their community (with the exception of residential treatment placements). Provides intensive case management (varies by catchment areas) and support services. Services are an extension of CASSP wraparound support. 	<ul style="list-style-type: none"> Designed to involve a child's family and larger community representatives in planning for treatment and service needs aimed at ensuring necessary treatment to maintain a child within their community whenever possible. Community-based teams work with families to make treatment and service decisions within each of the DCYF geographic Regions. Individualized treatment and care is focused on maintaining children and youth in the least restrictive setting possible, preferably at home.
Population Served	<ul style="list-style-type: none"> Referrals from schools, police, parents, self referrals, and community-based agencies. Youth referred to YDP cannot have a status with DCYF. 	<ul style="list-style-type: none"> Youth may or may not be active with DCYF. Behavior issues include disobedience, anger, aggression, truancy, drop out, running away, drug involvement or delinquent offenses. 	<ul style="list-style-type: none"> Referrals are from the Rhode Island Training School through an established process. 	<ul style="list-style-type: none"> Services are provided to families with high risk or high need children and youth in DCYF care who require a combination of services to effectively transition to or from residential treatment.

Levels of Residential Care –

Community-Based: Represents the least restrictive placement option. These programs utilize the public school system and mental health services are usually provided by community agencies.

<i>Specialized/Treatment Foster Care</i>	<i>Shelter Care</i>	<i>Group Care</i>	<i>Supervised Living</i>	<i>Independent Living</i>	<i>Step-Down</i>
The programs provide foster care with clinical support services for children and youth of all ages. These programs have been developed to provide a range of service intensity for children and youth who may have minor behavioral and emotional issues, as well as the more difficult children and youth with psychiatric and/or emotional and behavioral disorders.	These programs provide short-term assessment and treatment and/or behavioral management programming to children and youth whose living situations have disrupted and who need a period of stabilization while services are being identified and coordinated, or while longer term placements are being identified.	Structured homelike environment which provides 24 hour supervision. Programs provide long-term care with case management services. Children and youth need assistance with accomplishing developmental tasks. There is usually significant family dysfunction, and disturbances in interpersonal relationships, emotions and conduct.	These programs provide overnight staff and minimum supervision in small living units for older adolescents who demonstrate some independent living skills, but need more assistance. Some are for more specialized populations with more intensive supervision and treatment, as well as case management services, for psychiatric and/or emotionally disordered youth.	These programs provide case management services to older adolescents and young adults who are living in agency supported independent apartments.	These programs provide clinically intensive crisis management and treatment. These programs serve as traditional placements for children and youth leaving hospitals or treatment centers and may be effective in preventing hospitalization.

Residential Treatment: This level of care represents self-contained programs which usually provide comprehensive services including but not limited to certified special education and/or regular educational programs and clinical services.

<i>Highly Supervised</i>	<i>Highly Structured</i>	<i>Psychiatrically Supervised</i>	<i>Secure Setting</i>
These programs are staff secure/staff intensive, providing a therapeutic homelike setting with comprehensive clinical services for emotionally disturbed children and youth with significant disturbance of conduct and interpersonal relationships. Children and youth typically are provided with self-contained non-public education and have special education needs.	These programs are also staff secure/staff intensive, providing a self-contained setting with behavior management and control. Provides psychiatric consultation and comprehensive clinical services. Best suited to youth who are diagnosed with conduct, adjustment, and serious AXIS II disorders. Structure is needed to improve treatment outcomes.	A self-contained setting which provides treatment of psychiatrically disordered and/or severely emotionally disturbed children and youth. These programs have mental health treatment teams and psychiatric supervision which includes medication monitoring.	This is a locked setting which utilizes a program of behavioral management and control. Best suited to clients who are diagnosed with serious AXIS II disorders or conduct disorders and who demonstrate severe aggressive behaviors (not psychogenic) and suicidal gesturing.

Psychiatric Hospital: Secure/Psychiatric Treatment – provides medical, psychiatric treatment and educational services. Rhode Island has two psychiatric hospitals serving children/youth. Bradley Hospital is a children’s hospital. Butler Hospital is primarily an adult psychiatric hospital, but also serves a small population of youth.

Citizen Review Panel Report

Report to RHODE ISLAND DEPARTMENT OF CHILDREN, YOUTH AND FAMILIES CITIZENS' REVIEW PANEL 2004 – 2005

Submitted by Christine Barron, MD
Chair of Citizens' Review Panel
June 15, 2005

INTRODUCTION

The Rhode Island Citizens' Review Panel performed three primary functions during fiscal year 2004 -2005. The first was to provide a multidisciplinary forum to review cases of suspected abuse and/or neglect reported to the Department of Children, Youth and Families (DCYF), the state agency responsible for investigating such cases. The second was to provide a venue for Panel members to present cases to DCYF personnel to determine if agency referral was indicated by law or by the child's best interests. The third was to convene a work group of community leaders to review DCYF's current operational definition of emotional abuse to determine if one with a more preventive focus can be developed.

ACTIVITIES OF THE MULTIDISCIPLINARY CASE REVIEW GROUP

Community members from a wide variety of disciplines met on a weekly basis to discuss cases in which abuse and/or neglect had been reported to DCYF. The group also presented cases in which abuse and/or neglect remained undetermined, requiring further input and recommendations from panel members. Core group members included the following:

- Administrators and supervisors for DCYF's Child Protective Investigators
- Administrators and supervisors for DCYF's Family Services Unit
- Hasbro Children's Hospital personnel, including representatives from the Child Protection Program, Clinical Social Work Department, Nutrition Department, Child Life Department, Nursing staff, Pediatric Intensive Care Unit, Department of Child and Family Psychiatry, and Emergency Department

- Representatives from the Rhode Island Attorney General's Office
- Representatives from the Rhode Island Children's Advocacy Center (CAC) and the Sexual Assault and Trauma Resource Center (SATRC)

For particularly complex cases requiring further input, outreach to other community participants was conducted to elicit additional expert opinions. Those who were invited for comment on a case-by-case basis included the following:

- DCYF investigators and social workers
- Representatives from local and/or state police agencies
- Emergency medical technicians from statewide community rescue services
- School personnel
- Personnel from visiting nurse agencies
- Representatives from Early Intervention Programs
- Representatives of various community housing authorities
- Community pediatricians
- Physician sub-specialists, i.e., surgical sub-specialists, radiologists
- Nursing staff from other hospitals
- Staff from various chronic care institutions for children

In fiscal year 2004-2005, the Citizen Review Panel met 48 times and reviewed a total of 601 cases, averaging over 12 cases per meeting. Cases reviewed by the group fell into the following categories:

Sexual Abuse	334
Physical Abuse	122
Child Neglect	97
Emotional Abuse	8
Failure to Thrive	13
Accidental Injury	25
Munchausen's Syndrome by Proxy	2

Reviews begin with a presentation by the Child Protection Program staff who examined the patient and/or interviewed the patient and his/her family. After the case presentation, representatives from each relevant discipline involved in the case present additional information

they have obtained during the course of their interactions with the patient and family. The entire Panel then discusses further material that may be needed to complete an investigation, assess the degree of safety risk to the child, and/or determine available resources to help the child and family. At the end of each case discussion, the Panel makes specific recommendations regarding disposition, including placement issues, counseling referrals, and possible prosecutorial follow-up. Information on each case is recorded and maintained as part of the Citizens' Review Panel record.

Cases in which there are ongoing issues of concern are frequently reviewed at subsequent meetings to ensure that case plans are being implemented. As part of the Panel's continued efforts to improve case follow-up via community outreach, the Panel worked with DCYF administrators to have the supervisor of the agency's Family Services Unit regularly attend meetings as a core group member.

The review team's process, in which core group members are joined by relevant community participants on a case-by-case basis, allows multiple disciplines throughout the state to have input into the DCYF decision-making process. DCYF personnel have repeatedly stated that the information they receive from community leaders who were invited for comment is critically important in helping them exercise their responsibility to ensure the health and welfare of children at risk.

COORDINATED ASSESSMENT/CASE EXAMPLES

Child abuse reporting statutes in Rhode Island state that a report to DCYF is "mandated if you have cause to know or suspect that the child is being abused or neglected." (RI General Laws 40-11-3) This somewhat broad legal definition can frequently leave practitioners and investigators with a degree of ambiguity, particularly primary care physicians who do not specialize in child abuse. For example, if a parent has not demonstrated overt harm against a child, yet consistently demonstrates behaviors so concerning that the physician questions the parent's caregiving abilities, should the physician contact DCYF? Should the physician first attempt engaging early intervention specialists to assist the caregiver before contacting DCYF? If the physician does choose to contact DCYF despite no overt evidence of harm to the child, what criteria should DCYF use to determine whether the case should be opened for investigation?

The Citizens' Review Panel provides a forum for representatives of multiple disciplines to discuss such issues and receive feedback regarding ambiguous cases. Several such cases have been brought before the Panel for review during the past fiscal year. Some examples:

- A primary care physician presented the case of a five-year-old female with developmental delays secondary to having been born prematurely. The patient's mother had a history of cocaine abuse, but said she had stopped using the drug when she became pregnant with the patient. The patient's tox screen at birth was negative for drug use by mother.

Early Intervention became involved with the patient after her discharge from the hospital, primarily due to issues related to her prematurity. Despite extensive involvement by EI staff and other child development specialists, the primary care physician had multiple concerns about the patient's mother, as well as mother's social situation. The patient's paternal uncle, for example, was a convicted child molester, yet mother had allowed him to baby-sit the patient, stating she was unaware of the uncle's history. The patient's father had recently gotten out of prison, and mother was considering reconciling with him despite a prior history of domestic violence in their relationship. Staff at a Center specializing in work with developmentally delayed children and at which the patient was a client reported the patient was consistently dirty when she was brought to the Center for treatment. Staff at the patient's school reported that the patient missed school about 25% of the time. School staff said that when the patient DID attend school, mother insisted on staying in the classroom, becoming a disruptive influence and making it more difficult for the patient to separate from mother.

The primary care physician told the panel that "everywhere the mother has gone, people have said she can't care for the patient." The physician noted, however, that mother appeared to deeply love the patient, that the patient meant "everything" to mother, and that mother seemed to be trying to comply with directions from specialists to the best of her ability. The physician also said mother "isn't someone who is overtly harmful" to the patient. Even so, the physician said he was concerned that the mother "has absolutely no capacity to understand the meaning of nurturing." The physician said he had vacillated between reporting his concerns to DCYF, and attempting to involve other support services for the mother to see if her parenting skills could be improved. Should this case be reported?

- A primary care physician presented the Panel with a case involving a six-month-old male whose mother had an extensive hx of drug abuse. Mother had five other children, but lost parental rights to four of those children secondary to her drug abuse history. Mother now had custody of the patient, as well as an 18-month-old son. Mother reportedly had been "clean" of drug use for one year. MOC also had an extensive history of domestic violence. Mother was herself in DCYF custody when she was a child and had been placed in multiple foster homes. The physician reported that mother had significant "psychological issues," and said her behavior was "aggressive" with caregivers who attempted to provide support services.

The physician said that early intervention specialists who became involved with the family secondary to mother's drug involvement when the patient's sibling was born had noted several "red flags" during their visits to the home. The physician said the specialists were concerned about how mother fed the patient, stating that mother "basically shoved the food down his throat until he was almost choking." The specialists said mother also said she had taught the patient's sibling how to feed the patient. The specialists had also reported that mother was feeding the patient cereal despite being told not to do so. The specialists said mother had also canceled WIC appointments.

Additionally, the physician said the specialists reported that mother had earlier told them she was “extremely fearful” of the patient’s father, yet later lifted a restraining order she had against him and was now allowing him to take the patient for weekend visits. The specialists said mother also had recently told them that the patient’s father would tell them to “get out of their lives.” The physician said that both he and the specialists felt that mother had the capacity to be violent, stating that, “you feel that if you cross her line, you’ll be hit.” The physician said mother “instigates stress in everyone who’s involved with her.” The physician said he was concerned that mother “isn’t rooted in reality,” and said that her behavior had not improved over time, despite early intervention’s involvement.

The physician said, however, that there was no overt evidence of abuse of the patient by mother. The physician also noted that mother had been clean of drug use for one year, and that she had found a place to live after being homeless while she was drug-involved. The physician said he was leaning toward contacting DCYF, but had not yet filed a PRE (Physician’s Report of Examination) pending feedback from the Panel. Should this case be reported?

In both case examples, the Panel served as a resource for physicians who are not child abuse specialists and who felt there was significant ambiguity about whether to report their concerns to DCYF. The Panel engaged in lengthy discussion about each case, and the group’s decisions were used to help inform policies and practices.

In case number one, the Panel determined that the case should be reported to DCYF due to concerns about mother’s judgment, as well as her ability to properly nurture the patient. The Panel suggested, however, that a dependency petition be filed, essentially meaning that mother—through no fault of her own—did not have the resources to appropriately provide for the patient. The petition would outline criteria mother would have to meet in order to maintain physical custody of the patient, while also providing mother with as much supportive help as possible. If mother did not comply with the criteria, the patient would then be removed from the home.

In case number two, the Panel also recommended that the physician report the case to DCYF. The Panel was so concerned about the physician’s report of mother’s volatility, as well as her psychological difficulties and fairly recent drug abuse history, that it recommended DCYF pursue an ex-parte in court to remove the patient and his sibling from mother’s care pending further investigation.

The Panel also advised the primary care physician that each case met basic criteria for the physician to report his concerns to DCYF. The Panel noted that in case number one, the patient had missed a significant amount of school, which in and of itself was enough to warrant neglect concerns reportable to DCYF. In case number two, the Panel noted that mother’s non-compliance with feeding instructions for the patient constituted behavior consistent with neglect concerns reportable to DCYF. The Panel also emphasized that physicians are mandated to file with DCYF if they have a *suspicion* of abuse and/or neglect, and that “overt” evidence should not be the criteria by which a physician determines whether to file a report.

DEFINING EMOTIONAL ABUSE/WORK GROUP DEVELOPMENT AND PROGRESS

In the 2003-2004 Citizen Review Panel Report, the Panel recommended that DCYF and Panel representatives engage in discussions to review DCYF's operational definition of emotional abuse. The current definition requires that there be "impairment to the intellectual or psychological capacity of a child as evidenced by observable and substantial reduction in the child's ability to function within a normal range of performance and behavior." The Panel's report expressed concern that the definition is essentially *reactive* in nature, allowing the child protection system to intervene only after severe emotional dysfunction has occurred. The Panel recommended that discussions be initiated to determine if the scope of DCYF's current definition could be expanded to one with a broader and more preventive focus.

As a result of the Panel's recommendation, DCYF requested that the Panel convene a work group to facilitate a further discussion and review of the current emotional abuse definition. In response, the Panel recruited group members from area community-based social service agencies, the Office of the Child Advocate, Prevent Child Abuse Rhode Island, the Cranston school system, as well as representatives from DCYF and Hasbro Children's Hospital. Community leaders responded enthusiastically to the invitation to become involved in the group, and have provided invaluable feedback during the group's initial work phase. The group's first meeting was held on February 10, 2005, and focused on addressing potential difficulties involved in defining emotional abuse. Among the identified difficulties:

- determining which criteria to include in a refined definition
- how cultural issues affect one's perception of what constitutes emotional abuse
- who should conduct assessments to determine if a child is a victim of emotional abuse
- fiscal ramifications of indicating more cases for emotional abuse
- locating mental health practitioners to work with families in which emotional abuse has been indicated
- difficulty prosecuting cases in which emotional abuse is the primary allegation

The group's second meeting was held on March 14, 2005, and, based on the first meeting, suggestions were made that the group look for a definition that focuses on treatment purposes rather than legal purposes. Several suggestions for a treatment-focused definition were made, including:

- developing a more descriptive definition that focuses on caregivers' patterns of behavior, particularly patterns that place the child at risk of impairment
- developing a definition that considers the "potential for abuse," with a check-off list that would pair caregivers' behavior with risk of harm to the child
- reviewing proven tools that are currently being used to assess whether emotional abuse has occurred
- reviewing methods to test or assess a potential new definition of emotional abuse.

The group also developed a survey of Rhode Island physicians, schools, and community social service agencies to determine how they define emotional abuse, how frequently they report emotional abuse, and what the response has been when/if they report their concerns. The survey is currently being distributed throughout Rhode Island. (See attached) The work group's next meeting will be held when the survey results are completed.

RECOMMENDATIONS

In light of the above, the Citizens' Review Panel makes the following recommendations to DCYF:

1. The Citizens' Review Panel's multidisciplinary forum is a highly useful venue and should be continued. DCYF personnel have found the process to be extremely helpful, and care-providers for children in the community have appreciated the greater access that the forum's outreach provides to DCYF. The process has facilitated communication among multiple disciplines throughout the community serving children at risk.
2. The emotional abuse work group convened by the Panel should continue to meet to determine how DCYF's current operational definition of emotional abuse can be expanded to one with a more preventive focus.

As in every year since the inception of the Citizens' Review Panel, we remain highly impressed with DCYF's willingness to collaborate with the community and to work with the Panel. DCYF staff has been open and receptive with community leaders, and DCYF continues to work with the Citizens' Review Panel to provide a coordinated response to children in need.

Christine Barron, MD
Assistant Professor of Pediatrics
Brown Medical School
Chair, Citizens' Review Panel

Survey for Evaluating Emotional Abuse

1. Please circle the group that best identifies your profession:

- | | | |
|-----------------------|------------------|-------------------------|
| a. Pediatrician | e. Psychiatrist | h. Teacher |
| b. Family Medicine | f. Psychologist | i. School Administrator |
| c. Nurse | g. Social Worker | j. Other _____ |
| d. Nurse Practitioner | | |

2. What type of setting do you work in?

- | | |
|-------------------------|-----------------------------|
| a. School | e. Mental Health Center |
| b. Pediatric Hospital | f. Ambulatory Health Center |
| c. Psychiatric Hospital | g. Other _____ |
| d. Private Practice | |

3. How long have you worked in your profession? _____

4. What age group(s) of children do you work with?

5. Have you ever been concerned about emotional abuse by a parent/caregiver of a patient/student? Yes No

6. If yes: (Otherwise go to Question 10)

a. Approximate number of patients/students you have had concerns about:

b. Who has been the alleged offender: (Please circle all that apply)

1. Mother
2. Father
3. Stepparent
4. Paramour (parent's boyfriend/girlfriend)
5. Grandparent
6. Foster parent
7. Other _____

c. Which of the following were concerns:

1. Demeaning comments made to the child _____
2. Threatening comments made to the child _____
3. Child being exposed to emotional harm between others (domestic abuse issues) _____
4. Basic emotional needs being neglected _____
5. Other (define) _____

- d. How frequently did each of the above checked items contribute to your overall concerns of emotional abuse? Please use rating scale: **0**- not at all, **1**- seldom, **2**- sometimes, **3**- often, **4**- always.

1. Demeaning comments made to the child _____
2. Threatening comments made to the child _____
3. Child being exposed to emotional harm between others (domestic abuse issues) _____
4. Basic emotional needs being neglected _____
5. Other (define) _____

7. Did you report your concerns to DCYF? Yes No

- a. If yes, was your report investigated by DCYF? Yes No Not sure

- b. If you did not report your concerns to DCYF, why not?

1. Assumed case would not be investigated
2. Assumed reporting would cause more problems for the child
3. Assumed working with the child and family without DCYF involvement would be more effective
4. Unclear what constituted emotional abuse
5. Other _____

8. Please circle which one of the following has **most frequently raised** your concerns about emotional abuse:

1. Disclosure by the child
2. Witnessed behaviors of caretaker(s) directly by yourself
3. Concerns raised by others
4. A combination of reports and witnessed events
5. Other _____

9. When there were cases in which you were concerned about emotional abuse but did not make a report to DCYF, what course of action did you take?

10. Attached is the operational definition of Emotional Abuse in Rhode Island. Do you think this is an adequate definition? Yes No

Why or why not: _____

11. Should the definition of Emotional Abuse include documentable impairment or **risk** of impairment? Yes No

12. Who should complete the assessment for possible Emotional Abuse?

- a. Primary Care Physicians
- b. Emergency Department Physicians
- c. Mental Health Counselors
- d. Nurses
- e. Psychiatrists
- f. Psychologists
- g. Social Workers
- h. Other _____

13. Please list any prevention programs you are aware of and/or that you utilize for families where there are concerns of emotional abuse.

14. Please provide any additional information you think would be helpful.

Please return survey by **DATE** to:
Christine Barron, MD
Hasbro Children's Hospital
Child Protection Program
Potter Building Basement, Room 005
593 Eddy St.
Providence, RI 02903

Thank you for your assistance!

Work Plans

Work Plans ***Federal Fiscal Year 2006 Application***

Title IV-B, Part 1

Prevention and Support Services	\$191,677
Family Preservation/Crisis Intervention	\$398,777
Adoption Promotion/Support	\$165,000
Foster Parent Recruitment/Training	\$234,420
Administration/Management	<u>\$ 16,185</u>
TOTAL	\$1,006,059

Title IV-B, Part 2

Family Support	\$273,651 (18%)
Family Preservation	\$323,441 (22%)
Time-limited Reunification	\$348,000 (23%)
Adoption Promotion/Support	\$279,719 (19%)
Planning	\$116,102 (8%)
Administration/Management	<u>\$148,068 (10%)</u>
TOTAL	\$1,488,981

CAPTA

Citizen Review Panel	\$ 45,000
Family Support Case Management	\$ 85,000
CPS Training	<u>\$ 5,957</u>
TOTAL	\$135,957

CFCIP

Office of the IL Coordinator	\$ 86,601
Life Skills Training (ILP-22-Group Care)	129,000
Consultation and Technical Assistance	53,326
Work Opportunity Unlimited (SS-28-RICORP)	60,000
Teen Grant (ILP 18)	80,000
Life Skills Center (ILP-21-foster)	164,075
Youth Advisory Board	1,500
Audit	200
Conferences and Travel	3,750
AS 220 – Artworks	<u>52,286</u>
TOTAL	\$ 630,738

Education and Training Vouchers

IL 10-RICORP	\$ 217,721
--------------	-------------------

Assurances

Title IV-B Child and Family Services Plan: Assurances

The assurances listed below are in 45 CFR 1357.15(c) and title IV-B sections 422(b)(10), 422(b)(12), section 422 (b) (14), section 432(a)(4), 432 (a)(7) and 432(a)(9). These assurances will remain in effect during the period of the current five-year CFSP.

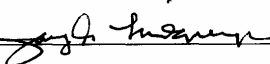
1. The State assures that it will participate in any evaluations the Secretary of HHS may require.
2. The State assures that it will administer the CFSP in accordance with methods determined by the Secretary to be proper and efficient.
3. The State assures that it has a plan for the training and use of paid paraprofessional staff, with particular emphasis on the full-time or part-time employment of low-income persons, as community service aides; and a plan for the use of non-paid or partially paid volunteers in providing services and in assisting any advisory committees established by the State.
4. The State assures that standards and requirements imposed with respect to child care under title XX shall apply with respect to day care services, if provided under the CFSP, except insofar as eligibility for such services is involved.
5. the State assures that it is operating, to the satisfaction of the Secretary:
 - a statewide information system from which can be readily determined the status, demographic characteristics, location, and goals for the placement of every child who is (or, within the immediately preceding 12 months, has been) in foster care;
 - a case review system (as defined in section 475(5) for each child receiving foster care under the supervision of the State;
 - a service program designed to help children—where safe and appropriate, return to families from which they have been removed; or be placed for adoption, with a legal guardian, or, if adoption or legal guardianship is determined not to be appropriate for a child, in some other planned, permanent living arrangement; and
 - a preplacement preventive services program designed to help children at risk of foster care placement remain safely with their families; and
 - The State assures that it has implemented policies and administrative and judicial procedures for children abandoned at or shortly after birth that are necessary to enable permanent decisions to be made expeditiously with respect to the placement of such children.
6. The State assures that plans will be developed for the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children.
7. The State assures that it will collect and report information on children who are adopted from other countries and who enter State custody as a result of the disruption of an adoptive placement, or the dissolution of an adoption. Such information will include the reasons for disruption or dissolution, the agencies who handled the

placement or adoption, the plans for the child, and the number of children to whom this pertains.

8. The State assures that no more than 10 percent of expenditures under the plan for any fiscal year with respect to which the State is eligible for payment under section 434 of the Act for the fiscal year shall be for administrative costs and that the remaining expenditures shall be for programs of family preservation services, community-based family support services, time-limited reunification services and adoption promotion and support services, with significant portions of such expenditures for each such program.
9. The State assures that Federal funds provided to the State for title IV-B, Subpart 2 programs will not be used to supplant Federal or non-Federal funds for existing services and activities.
10. The State assures that, in administering and conducting service programs under this plan, the safety of the children to be served shall be of paramount concern.

Effective Date and State Officials Signature

I hereby certify that the State complies with the requirements of the above assurances.

Certified by: 

Title: Director

Agency: R.I. Department of Children, Youth and Families

Dated: 6/22/04

Reviewed by: 

(ACF Regional Representative)

Dated: _____

**State Chief Executive Officer's Assurance Statement for
The Child Abuse and Neglect State Plan**

As Chief Executive Officer of the State of

Rhode Island, I certify that the State has in effect and is enforcing a State law, or has in effect and is operating a Statewide program, relating to child abuse and neglect which includes:

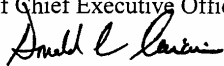
- 1) provisions or procedures for reporting known or suspected instances of child abuse and neglect (section 106(b)(2)(A)(i));
- 2) policies and procedures (including appropriate referrals to child protection service systems and for other appropriate services) to address the needs of infants born and identified as affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure, including a requirement that health care providers involved in the delivery or care of such infants notify the child protective services system of the occurrence of such condition in such infants (section 106(b)(2)(A)(ii));
- 3) the development of a plan of safe care for the infant born and identified as being affected by illegal substance abuse or withdrawal symptoms (section 106(b)(2)(A)(iii));
- 4) procedures for the immediate screening, risk and safety assessment, and prompt investigation of such reports (section 106(b)(2)(A)(iv));
- 5) triage procedures for the appropriate referral of a child not at risk of imminent harm to a community organization or voluntary preventive service (section 106(b)(2)(A)(v));
- 6) procedures for immediate steps to be taken to ensure and protect the safety of the abused or neglected child, and of any other child under the same care who may also be in danger of abuse or neglect; and ensuring their placement in a safe environment (section 106(b)(2)(A)(vi));
- 7) provisions for immunity from prosecution under State and local laws and regulations for individuals making good faith reports of suspected or known instances of child abuse or neglect (section 106(b)(2)(A)(vii));
- 8) methods to preserve the confidentiality of all records in order to protect the rights of the child and of the child's parents or guardians, including requirements ensuring that reports and records made and maintained pursuant to the purposes of CAPTA shall only be made available to--
 - a) individuals who are the subject of the report;
 - b) Federal, State, or local government entities, or any agent of such entities, as described in number 9 below;

- c) child abuse citizen review panels;
 - d) child fatality review panels;
 - e) a grand jury or court, upon a finding that information in the record is necessary for the determination of an issue before the court or grand jury; and
 - f) other entities or classes of individuals statutorily authorized by the State to receive such information pursuant to a legitimate State purpose (section 106(b)(2)(A)(viii));
- 9) provisions to require a State to disclose confidential information to any Federal, State, or local government entity, or any agent of such entity, that has a need for such information in order to carry out its responsibility under law to protect children from abuse and neglect (section 106(b)(2)(A)(ix));
- 10) provisions which allow for public disclosure of the findings or information about the case of child abuse or neglect which has resulted in a child fatality or near fatality (section 106(b)(2)(A)(x));
- 11) the cooperation of State law enforcement officials, court of competent jurisdiction, and appropriate State agencies providing human services in the investigation, assessment, prosecution, and treatment of child abuse or neglect (section 106(b)(2)(A)(xi));
- 12) provisions requiring, and procedures in place that facilitate the prompt expungement of any records that are accessible to the general public or are used for purposes of employment or other background checks in cases determined to be unsubstantiated or false, except that nothing in this section shall prevent State child protective services agencies from keeping information on unsubstantiated reports in their casework files to assist in future risk and safety assessment (section 106(b)(2)(A)(xii));
- 13) provisions and procedures requiring that in every case involving an abused or neglected child which results in a judicial proceeding, a guardian ad litem, who has received training appropriate to the role, and who may be an attorney or a court appointed special advocate who has received training appropriate to that role (or both), shall be appointed to represent the child in such proceedings—
- (a) to obtain firsthand, a clear understanding of the situation and needs of the child; and
 - (b) to make recommendations to the court concerning the best interests of the child (section 106(b)(2)(A)(xiii));
- 14) the establishment of citizen review panels in accordance with subsection 106(c) (section 106(b)(2)(A)(xiv));
- 15) provisions, procedures, and mechanisms –
- (a) for the expedited termination of parental rights in the case of any infant determined to be abandoned under State law; and

- (b) by which individuals who disagree with an official finding of abuse or neglect can appeal such finding (section 106(b)(2)(A)(xv));
- 16) provisions, procedures, and mechanisms that assure that the State does not require reunification of a surviving child with a parent who has been found by a court of competent jurisdiction--
- a) to have committed a murder (which would have been an offense under section 1111(a) of title 18, United States Code, if the offense had occurred in the special maritime or territorial jurisdiction of the United States) of another child or such parent;
 - b) to have committed voluntary manslaughter (which would have been an offense under section 1112(a) of title 18, United States Code, if the offense had occurred in the special maritime or territorial jurisdiction of the United States) of another child or such parent;
 - c) to have aided or abetted, attempted, conspired, or solicited to commit such murder or voluntary manslaughter; or
 - d) to have committed a felony assault that results in the serious bodily injury to the surviving child or another child of such parent (section 106(b)(2)(A)(xvi));
- 17) provisions that assure that, upon the implementation by the State of the provisions, procedures, and mechanisms under number 16 above, conviction of any one of the felonies listed in number 16 above constitute grounds under State law for the termination of parental rights of the convicted parent as to the surviving children (section 106(b)(2)(A)(xvii));
- 18) provisions and procedures to require that a representative of the child protective services agency shall, at the initial time of contact with the individual subject to a child abuse and neglect investigation, advise the individual of the complaints or allegations made against the individual, in a manner that is consistent with laws protecting the rights of the reporter (section 106(b)(2)(A)(xviii));
- 19) provisions addressing the training of representatives of the child protective services system regarding the legal duties of the representatives, which may consist of various methods of informing such representatives of such duties, in order to protect the legal rights and safety of children and families from the initial time of contact during investigation through treatment (section 106(b)(2)(A)(xix));
- 20) provisions and procedures for improving the training, retention and supervision of caseworkers (section 106(b)(2)(A)(xx));
- 21) provisions and procedures for referral of a child under the age of 3 who is involved in a substantiated case of child abuse or neglect to early intervention services funded under part C of the Individuals with Disabilities Education Act (section 106(b)(2)(A)(xxi));
-

- 22) **not later than June 25, 2005 (2 years after the enactment of Public Law 108-36)**, provisions and procedures for requiring criminal background checks for prospective foster and adoptive parents and other adult relatives and non-relatives residing in the household (section 106(b)(2)(A)(xxii));
- 23) procedures for responding to the reporting of medical neglect (including instances of withholding of medically indicated treatment from disabled infants with life-threatening conditions), procedures or programs, or both (within the State child protective services system), to provide for--
- a) coordination and consultation with individuals designated by and within appropriate health care facilities;
 - b) prompt notification by individuals designated by and within appropriate health-care facilities of cases of suspected medical neglect (including instances of withholding of medically indicated treatment from disabled infants with life-threatening conditions); and
 - c) authority, under State law, for the State child protective services system to pursue any legal remedies, including the authority to initiate legal proceedings in a court of competent jurisdiction, as may be necessary to prevent the withholding of medically indicated treatment from disabled infants with life-threatening conditions (section 106(b)(2)(B)); and
- 24) authority under State law to permit the child protective services system of the State to pursue any legal remedies, including the authority to initiate legal proceedings in a court of competent jurisdiction, to provide medical care or treatment for a child when such care or treatment is necessary to prevent or remedy serious harm to the child, or to prevent the withholding of medically indicated treatments from disabled infants with life-threatening conditions (section 113).

Signature of Chief Executive Officer:



Date: 6/10/04

Reviewed by: _____



(ACF Regional Representative)

Dated: _____

**STATE CHIEF EXECUTIVE OFFICER'S CERTIFICATIONS
FOR THE CHAFEE FOSTER CARE INDEPENDENCE PROGRAM**

As Chief Executive Officer of the State of Rhode Island, I certify that the State has in effect and is operating a Statewide program relating to Foster Care Independent Living and that the following provisions to effectively implement the Chafee Foster Care Independence Program are in place:

1. The State will provide assistance and services to youth who have left foster care because they have attained 18 years of age, and have not attained 21 years of age [Section 477(b)(3)(A)];
2. Not more than 30 percent of the amounts paid to the State from its allotment for a fiscal year will be expended for room and board for youth who have left foster care because they have attained 18 years of age, and have not attained 21 years of age [Section 477(b)(3)(B)];
3. None of the amounts paid to the State from its allotment will be expended for room or board for any child who has not attained 18 years of age [Section 477(b)(3)(C)];
4. The State will use training funds provided under the program of Federal payments for foster care and adoption assistance to provide training to help foster parents, adoptive parents, workers in group homes, and case managers understand and address the issues confronting adolescents preparing for independent living, and will, to the extent possible, coordinate such training with the independent living program conducted for adolescents [Section 477(b)(3)(D)];
5. The State will adequately prepare prospective foster parents with the appropriate knowledge and skills to provide for the needs of the child before a child, under the supervision of the State, is placed with prospective foster parents and that such preparation will be continued, as necessary, after the placement of the child. [Section 471(a), as amended];
6. The State has consulted widely with public and private organizations in developing the plan and has given all interested members of the public at least 30 days to submit comments on the plan [Section 477(b)(3)(E)];
7. The State will make every effort to coordinate the State programs receiving funds provided from an allotment made to the State under subsection (c) with other Federal and State programs for youth (especially transitional living youth projects funded under part B of title III of the Juvenile Justice and Delinquency Prevention Act of 1974); abstinence education programs, local housing programs, programs for

STATE CHIEF EXECUTIVE OFFICER'S CERTIFICATIONS—Continued

disabled youth (especially sheltered workshops), and school-to-work programs offered by high schools or local workforce agencies [Section 477(b)(3)(F)];

8. Each Indian tribe in the State has been consulted about the programs to be carried out under the plan; there have been efforts to coordinate the programs with such tribes; and benefits and services under the programs will be made available to Indian youth in the State on the same basis as to other youth in the State [Section 477(b)(3)(G)];
9. Adolescents participating in the program under this section will participate directly in designing their own program activities that prepare them for independent living and the adolescents will be required to accept personal responsibility for living up to their part of the program [Section 477(b)(3)(H)]; and
10. The State has established and will enforce standards and procedures to prevent fraud and abuse in the programs carried out under the plan [Section 477(b)(3)(I)].



Signature of Chief Executive Officer

6/10/10

Date

STATE CHIEF EXECUTIVE OFFICER'S CERTIFICATION
for the
EDUCATION AND TRAINING VOUCHER PROGRAM
Chafee Foster Care Independence Program

As Chief Executive Officer of the State of Rhode Island, I certify that the State has in effect and is operating a Statewide program relating to Foster Care Independent Living and that the following provisions will be implemented as of September 30, 2003:

1. The State will comply with the conditions specified in subsection 477(i).
2. The State has described methods it will use to:
 - ensure that the total amount of educational assistance to a youth under this and any other Federal assistance program does not exceed the total cost of attendance; and
 - avoid duplication of benefits under this and any other Federal assistance program, as defined in section 477(3)(b)(J).



Signature of Chief Executive Officer

10/10/04
Date

Safety, Permanency, and Well-Being in Rhode Island:

Child Welfare Outcomes Annual Report for FY 2004



A. Key Context Statistics

Compiled from census data – not included in this report

B. Child Maltreatment Data

(NCANDS SDC: NCANDS DCDC: 2000, 2001, 2002, 2003, 2004)

Number

Maltreatment Information	2000	2001	2002	2003	2004
Children subject of an investigated report alleging child maltreatment	11,616	11,397	10,822	10,412	9,947
Child maltreatment victims ¹	3,397	3,325	3,257	3,299	3,074
Child fatalities	3	5	1	1	3

Age of Victims (%)	2000	2001	2002	2003	2004	Race/Ethnicity of Child Victims (%)	2000	2001	2002	2003	2004
Under 1 year	9.8	10.6	10.9	10.5	12.2	Alaska Native / Amer. Indian	1.3	1.7	1.3	1.2	1.8
1-5 years	29.9	28.8	31.0	30.3	28.7	Asian/Pacific Islander	1.9	2.5	2.5	3.0	2.4
6-10 years	30.6	31.1	27.7	27.0	27.1	Black	17.2	17.9	18.9	17.4	19.2
11-15 years	24.3	21.2	24.3	25.3	25.2	Hispanic	18.2	19.3	17.7	20.3	22.1
16+ years	5.4	5.4	6.1	6.9	6.8	White	76.1	76.3	76.1	77.1	73.6
Unknown	0.0	0.0	0.0	0.0	0.0	Other	—	—	—	—	—
Total %	100.0	100.0	100.0	100.0	100.0	Unknown	4.4	4.5	4.1	4.8	6.6
Number	3,397	3,325	3,257	3,299	3,074	Total % ²	119.1	122.2	120.6	123.8	125.7
						Number	3,397	3,325	3,257	3,299	3,074

Maltreatment Type of Child Victims (%)

	2000	2001	2002	2003	2004
Emotional abuse	0.4	0.3	0.5	0.2	0.9
Medical neglect	3.2	2.4	2.4	2.8	2.5
Neglect	76.2	78.3	75.9	81.1	80.5
Physical abuse	25.7	24.0	23.8	22.7	24.0
Sexual abuse	8.2	6.7	7.9	7.6	5.8
Other	7.2	6.6	7.3	2.5	2.9
Unknown	—	—	—	—	—
Total % ³	120.9	118.3	117.8	116.9	116.6
Number	3,397	3,325	3,257	3,299	3,074

¹ Children with more than one report of substantiated or indicated maltreatment may be counted more than once.

² Percentages may total more than 100 percent because Hispanics may be counted both by Hispanic ethnicity and by race.

³ Percentages may total more than 100 percent because children could have been victims of more than one type of maltreatment.

C. Children in Foster Care

(AFCARS Annual Foster Care Database: FY 2000, 2001, 2002, 2003, 2004)

Number of Children	In Care on 10/1	Entered Care	Exited Care	In Care on 9/30	Total Served
FY00 (10/1/99 – 9/30/00)	2,181	1,409	1,348	2,301	3,590
FY01 (10/1/00 – 9/30/01)	2,122	1,493	1,227	2,414	3,615
FY02 (10/1/01 – 9/30/02)	2,160	1,582	1,378	2,383	3,742
FY03 (10/1/02 – 9/30/03)	2,115	1,534	1,347	2,334	3,649
FY04 (10/1/03 – 9/30/04)	2,241	1,561	1,271	2,531	3,802

Median Length of Stay (months)

FY00 (10/1/99 – 9/30/00)	16.6	N/A	11.7	15.1	N/A
FY01 (10/1/00 – 9/30/01)	16.1	N/A	10.0	15.5	N/A
FY02 (10/1/01 – 9/30/02)	15.6	N/A	10.2	13.95	N/A
FY03 (10/1/02 – 9/30/03)	14.2	N/A	10.9	13.9	N/A
FY04 (10/1/03 – 9/30/04)	14.7	N/A	10.0	15.3	N/A

Age of Children in Foster Care (%)	In Care on:					Entered Care During:					Exited Care During:					In Care on:				
	10/1/99	10/1/01	10/1/02	10/1/03		FY00	FY01	FY02	FY03	FY04	FY00	FY01	FY02	FY03	FY04	9/30/00	9/30/02	9/30/04		
	10/1/00	10/1/01	10/1/02	10/1/03												9/30/01	9/30/03	9/30/03		
Under 1 year	4.8	4.9	4.6	4.4	4.3	12.7	12.3	10.9	10.5	12.4	4.5	5.1	4.1	4.1	4.3	4.9	4.3	4.3	4.3	5.3
1-5 years	20.4	17.3	18.1	18.7	18.7	16.0	17.7	18.0	18.3	16.3	22.7	21.7	20.8	21.7	23.5	17.7	18.2	18.5	18.3	16.1
6-10 years	19.2	18.7	16.5	15.7	14.9	15.6	13.3	12.7	11.7	12.3	16.5	14.1	13.7	12.4	13.8	17.5	16.0	14.9	14.5	12.2
11-15 years	30.4	33.3	32.6	31.7	31.3	38.4	38.1	39.1	39.8	37.0	25.9	29.8	29.8	29.8	29.6	33.7	32.3	32.0	31.1	30.5
16-18 years	21.8	21.7	23.9	24.4	25.7	17.2	18.2	19.1	19.3	21.5	26.0	24.0	27.6	26.6	23.5	22.1	25.0	25.5	26.8	28.9
19+ years	3.5	4.1	4.4	4.6	4.8	0.1	0.3	0.3	0.3	0.6	3.6	4.3	3.8	4.5	4.0	4.0	4.1	4.6	4.7	6.3
Missing	0.0	0.0	0.0	0.3	0.3	0.0	0.0	0.0	0.1	0.0	0.9	1.1	0.2	1.0	1.2	0.0	0.0	0.3	0.3	0.6
Total %	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	2,181	2,122	2,160	2,115	2,241	1,409	1,493	1,582	1,534	1,561	1,348	1,227	1,378	1,347	1,271	2,301	2,414	2,383	2,334	2,531

Race/ Ethnicity of Children in Foster Care (%)	In Care on:					Entered Care During:					Exited Care During:					In Care on:				
	10/1/99	10/1/01	10/1/02	10/1/03		FY00	FY01	FY02	FY03	FY04	FY00	FY01	FY02	FY03	FY04	9/30/00	9/30/02	9/30/04		
	10/1/00	10/1/01	10/1/02	10/1/03												9/30/01	9/30/03	9/30/03		
Alaska / Native Amer.	1.5	1.5	1.9	2.1	2.0	1.3	1.5	1.7	0.9	1.9	1.1	1.1	1.7	1.1	1.3	1.6	1.7	1.9	1.9	2.3
Asian / Pac. Islander	2.1	1.7	1.9	2.4	2.2	1.6	2.3	2.3	2.7	2.2	2.2	2.2	1.7	3.0	2.9	1.8	1.8	2.3	2.2	1.9
Black	24.3	24.4	24.4	24.2	25.0	19.9	20.8	19.9	22.4	22.6	21.7	20.8	21.6	21.2	22.6	23.0	24.2	23.1	24.6	24.7
Hispanic	13.4	14.8	15.9	18.3	18.5	20.2	17.3	19.1	21.0	21.1	18.6	16.1	17.9	20.4	20.7	14.7	15.6	16.9	18.7	19.0
White	65.9	69.1	69.7	70.6	71.7	72.8	71.9	72.0	72.0	70.3	68.5	72.0	71.0	73.0	71.4	68.8	69.2	70.4	70.4	71.0
Unknown	6.4	4.4	4.0	3.8	3.8	5.3	4.1	4.4	4.8	7.6	6.8	4.0	4.5	3.6	6.3	5.4	4.4	4.0	4.5	4.9
Total % ⁴	113.6	115.9	117.8	121.4	123.2	121.1	117.9	119.4	123.8	125.7	118.9	116.2	118.4	122.3	125.2	115.3	116.9	118.6	122.3	123.8
Number	2,181	2,122	2,160	2,115	2,241	1,409	1,493	1,582	1,534	1,561	1,348	1,227	1,378	1,347	1,271	2,302	2,414	2,383	2,334	2,531

⁵ Percentages may total more than 100 percent because Hispanics are counted both by Hispanic ethnicity and by race beginning in FY00 data.

D. Children Waiting to be Adopted on 9/30

(AFCARS Annual Foster Care Database: FY 2000, 2001, 2002, 2003, 2004)

Overview	9/30/00	9/30/01	9/30/02	9/30/03	9/30/04
Children waiting to be adopted	399	409	397	299	317
Children whose parental rights have been terminated (TPR)	238	253	225	12	170

Age of Waiting Children (%)	2000	2001	2002	2003	2004
Under 1 year	0.8	1.2	1.0	1.7	2.5
1-5 years	28.3	31.1	31.2	30.4	24.9
6-10 years	32.8	28.9	28.5	28.8	23.3
11-15 years	33.8	33.3	35.0	35.5	37.5
16+ years	3.0	4.6	3.8	3.3	10.7
Unknown	1.3	1.0	0.5	0.3	0.9
Total %	100.0	100.0	100.0	100.0	100.0
Number	399	409	397	299	317

Race/Ethnicity of Waiting Children (%)	2000	2001	2002	2003	2004
Alaska Native/American Indian	2.3	1.5	1.5	1.7	2.8
Asian/Pacific Islander	1.6	0.9	1.1	1.6	0.6
Black	28.6	34.2	25.2	22.7	26.5
Hispanic	19.3	15.6	15.6	24.7	19.6
White	61.2	60.6	71.0	70.2	71.3
Unknown	6.5	4.2	5.0	6.7	3.5
Not applicable	----	----	----	----	----
Total %	119.5	117.0	119.4	127.6	124.3
Number	399	409	397	299	317

E. Children Adopted(AFCARS Annual Adoption Database)⁵

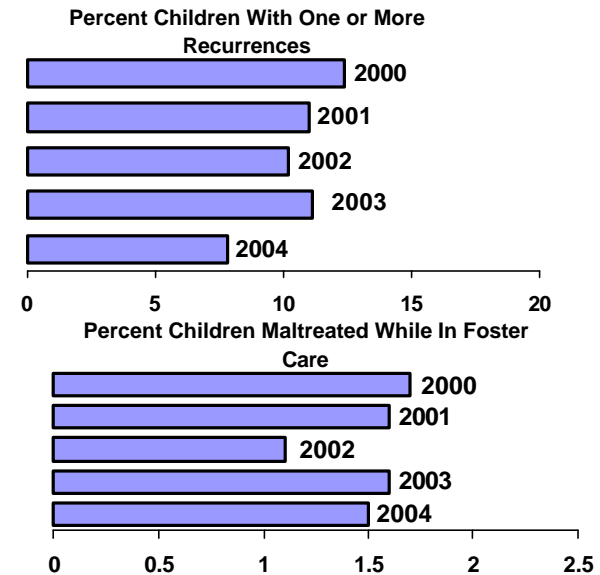
⁵ Requires AFCARS Annual Adoption Database to calculate field information; data not provided FY00-FY03.

1. Reduce Recurrence of Child Abuse and/or Neglect

(NCANDS, DCDC: FY 2000, 2001, 2002, 2003, 2004)

1.1 Recurrence of Maltreatment Within 6 Months (%)

	2000	2001	2002	2003	2004
Children without a recurrence	87.6	89.0	89.8	88.9	92.1
Children with one or more recurrences	12.4	11.0	10.2	11.1	7.8
Total %	100.0	100.0	100.0	100.0	100.0
Number	1,639	1,624	1,532	1,599	1,415



2. Reduce the Incidence of Child Abuse and/or Neglect in Foster Care

(NCANDS, DCDC Jan-Sept, AFCARS Annual Foster Care Database Jan-Sept: 2000, 2001, 2002, 2003, 2004)

2.1 Maltreatment in Foster Care (%)

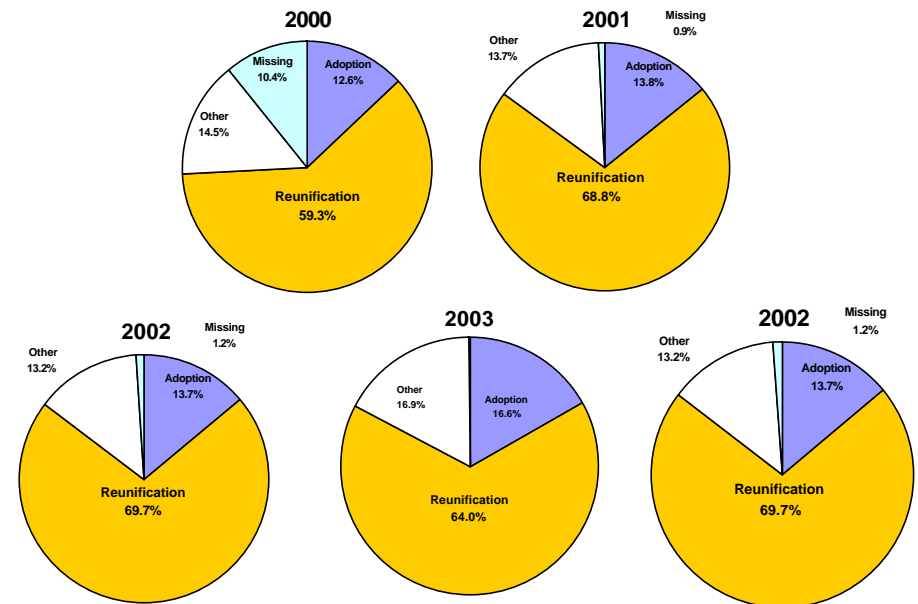
	2000	2001	2002	2003	2004
Children maltreated while in foster care	1.7	1.6	1.1	1.6	1.5
Children not maltreated while in foster care	98.3	98.4	98.9	98.5	98.5
Total %	100.0	100.0	100.0	100.0	100.0
Number	3,304	3,327	3,443	3,368	3,802

3. Increase Permanency for Children in Foster Care

(AFCARS Annual Foster Care Database: FY 2000, 2001, 2002, 2003, 2004)

3.1 Exits from Foster Care (%)

	2000	2001	2002	2003	2004
Adoption	12.6	13.8	13.7	16.6	17.5
Guardianship	3.1	2.9	2.2	2.5	2.4
Reunification	59.3	68.8	69.7	64.0	65.9
Other	14.5	13.7	13.2	16.9	14.2
Missing	10.4	0.9	1.2	--	--
Total %	100.0	100.0	100.0	100.0	100.0
Number	1,348	1,227	1,378	1,347	1,271



3.2 Exits of Disabled Children (%)

	2000	2001	2002	2003	2004
Adoption	13.5	12.4	10.3	16.0	17.4
Guardianship	4.2	3.3	1.3	2.6	0.5
Reunification	51.4	64.5	65.5	58.7	62.7
Other	18.1	19.4	22.0	22.8	19.4
Missing	12.7	0.4	0.9	--	--
Total %	100.0	100.0	100.0	100.0	100.0
Number	259	242	232	351	402

3.3 Exits of Children Over Age 12 at Entry (%)

	2000	2001	2002	2003	2004
Adoption	0.5	--	0.3	1.4	0.4
Guardianship	0.7	1.6	1.5	1.7	0.9
Reunification	58.3	72.4	72.7	67.0	73.5
Other	25.8	24.2	23.4	29.9	25.2
Missing	14.7	1.8	2.1	--	--
Total %	100.0	100.0	100.0	100.0	100.0
Number	563	561	662	648	563

3.4 Exits to Emancipation (%)

	2000	2001	2002	2003	2004
Children age 12 or younger at entry	17.1	18.2	17.7	20.0	35.2
Children older than 12 at entry	81.7	80.5	82.3	78.8	64.8
Missing	1.2	1.3	0.0	1.2	--
Total %	100.0	100.0	100.0	100.0	100.0
Number	82	77	62	85	71

3.5 Exits by Race/Ethnicity (%)

	Alaska Native / A.I.					Asian / P.I.					Black				
	2000	2001	2002	2003	2004	2000	2001	2002	2003	2004	2000	2001	2002	2003	2004
Adoption	6.7	15.4	21.7	33.3	17.6	--	11.1	4.2	2.5	10.8	16.8	20.4	19.1	19.9	20.7
Guardianship	13.3	--	--	20.0	5.9	--	--	--	--	--	4.5	3.1	3.0	0.3	2.8
Reunification	60.0	53.8	56.5	40.0	58.8	79.3	74.1	75.0	80.0	73.0	56.5	60.0	60.7	62.9	62.5
Other	13.3	30.8	17.4	6.7	17.6	17.2	14.8	20.8	17.5	16.2	14.0	14.5	16.1	16.8	14.0
Missing	6.7	--	4.3	--	--	3.4	--	--	--	--	8.2	2.0	1.0	--	--
Total %	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	15	13	23	15	17	29	27	24	40	37	292	255	298	286	285

	Hispanic					White					Unable to Determine				
	2000	2001	2002	2003	2004	2000	2001	2002	2003	2004	2000	2001	2002	2003	2004
Adoption	11.2	10.1	15.5	16.5	18.9	11.1	11.8	13.1	17.8	18.4	19.5	16.3	12.9	8.2	11.3
Guardianship	2.4	2.0	2.0	0.4	2.4	2.7	3.1	2.1	3.1	2.8	2.3	--	--	--	1.3
Reunification	61.8	74.2	69.0	65.1	62.6	60.2	71.4	71.8	63.0	66.3	54.0	67.3	67.7	59.2	58.8
Other	12.7	13.1	10.6	18.0	16.1	14.6	13.0	12.1	16.2	12.4	14.9	14.3	14.5	32.7	28.8
Missing	12.0	0.5	2.9	--	--	11.4	0.8	0.9	--	--	9.2	2.0	4.8	--	--
Total %	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	251	198	245	261	254	924	884	979	983	900	87	49	62	49	80

**Note: "Not Applicable" and "Missing" tables have been deleted, as there were no cases in either group

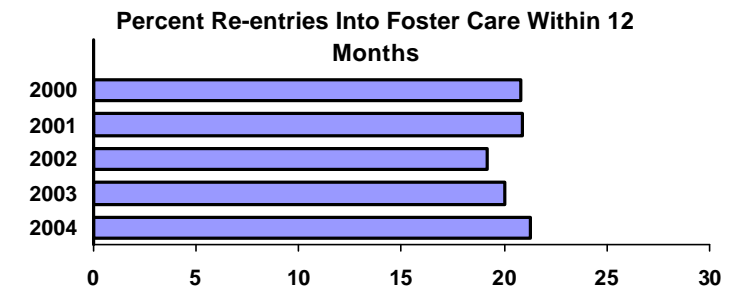
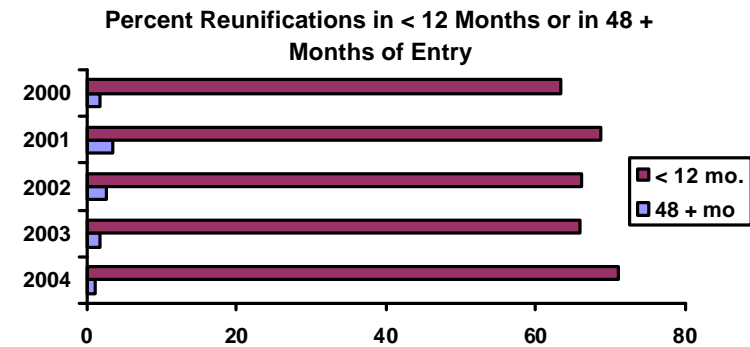
4. Reduce Time to Reunification Without Increasing Re-entry

(AFCARS Annual Foster Care Database: FY 2000, 2001, 2002, 2003, 2004)

4.1 Time to Reunification (%)	2000	2001	2002	2003	2004
Less than 12 months	63.3	68.8	66.1	66.0	71.0
At least 12 months but less than 24 months	19.8	17.2	17.5	20.1	19.5
At least 24 months but less than 36 months	5.6	4.3	7.7	6.8	6.3
At least 36 months but less than 48 months	3.0	2.7	3.0	1.6	1.6
48 or more months	1.8	3.6	3.0	1.9	1.1
Missing	6.6	3.4	2.6	3.6	0.6
Total %	100.0	100.0	100.0	100.0	100.0
Number	800	844	960	862	837

4.2 Children Who Entered Foster Care (%)

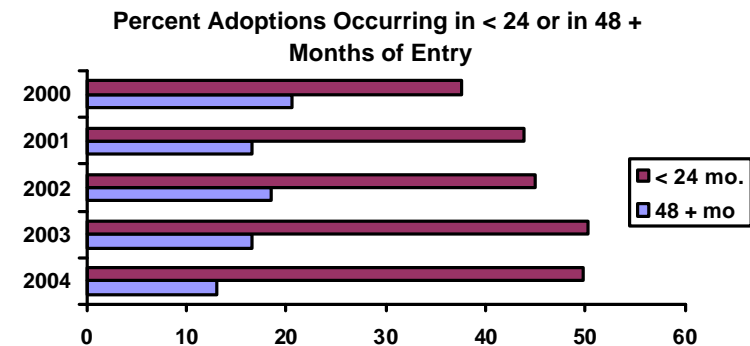
	2000	2001	2002	2003	2004
Children entering care for the first time	66.7	64.8	68.0	65.2	64.5
Children re-entering care within 12 months of a prior episode	20.8	20.9	19.2	20.0	21.3
Children re-entering care more than 12 months after a prior episode	11.1	13.2	11.5	13.2	13.5
Missing	1.4	1.1	1.3	1.6	0.7
Total %	100.0	100.0	100.0	100.0	100.0
Number	1,409	1,493	1,582	1,534	1,561



5. Reduce Time in Foster Care to Adoption

(AFCARS Annual Foster Care Database: FY 2000, 2001, 2002, 2003, 2004)

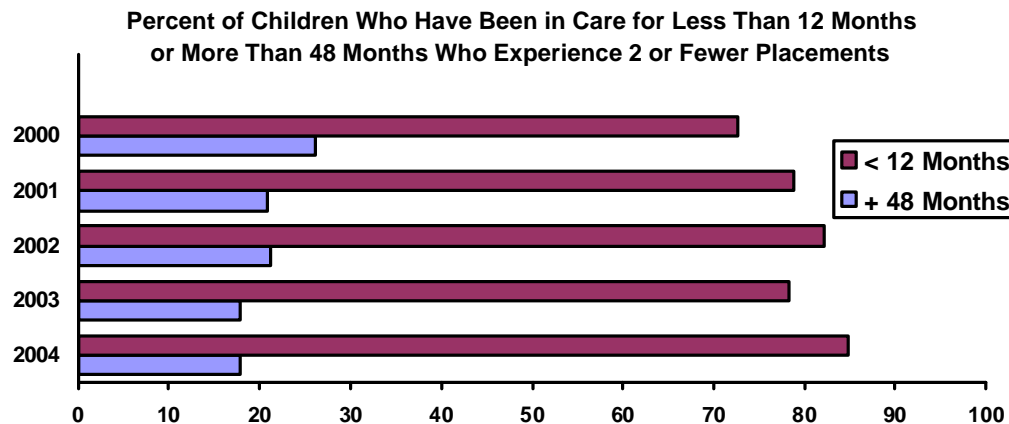
5.1 Time to Adoption (%)	2000	2001	2002	2003	2004
Less than 12 months	7.6	12.4	8.5	9.9	8.1
At least 12 months but less than 24 months	30.0	31.4	36.5	40.4	41.7
At least 24 months but less than 36 months	24.1	24.9	23.3	21.5	26.5
At least 36 months but less than 48 months	16.5	13.6	11.1	10.8	10.3
48 or more months	20.6	16.6	18.5	16.6	13.0
Missing	1.2	1.2	2.1	0.9	0.4
Total %	100.0	100.0	100.0	100.0	100.0
Number	170	169	189	223	223



6. Increase Placement Stability

(AFCARS Annual Foster Care Database: FY 2000, 2001, 2002, 2003, 2004)

6.1 Number of Placements by Time in Care (%)		Children With 2 or Fewer Placements	Children With 3 or More Placements	Missing Placements	Total %	Number
Less than 12 months	2000	72.6	27.4	0.0	100.0	1,653
	2001	78.8	21.2	0.0	100.0	1,710
	2002	82.2	17.8	0.0	100.0	1,797
	2003	78.3	21.7	--	100.0	1,751
	2004	84.8	13.8	1.4	100.0	1,785
At least 12 months but less than 24 months	2000	55.1	44.9	0.0	100.0	742
	2001	55.1	44.9	0.2	100.0	739
	2002	60.3	39.7	0.0	100.0	793
	2003	61.6	38.4	--	100.0	826
	2004	63.0	37.0	--	100.0	863
At least 24 months but less than 36 months	2000	45.5	54.3	0.2	100.0	409
	2001	45.4	54.3	0.3	100.0	357
	2002	47.4	52.6	0.0	100.0	403
	2003	41.3	58.7	--	100.0	375
	2004	49.7	50.3	--	100.0	431
At least 36 months but less than 48 months	2000	28.5	70.4	1.1	100.0	284
	2001	40.2	58.9	0.8	100.0	241
	2002	40.6	58.9	0.5	100.0	197
	2003	28.6	71.4	--	100.0	192
	2004	31.1	68.9	--	100.0	209
48 or more months	2000	26.1	73.5	0.4	100.0	494
	2001	20.8	78.3	0.9	100.0	553
	2002	21.2	78.5	0.4	100.0	534
	2003	17.9	82.1	--	100.0	492
	2004	17.9	81.9	0.2	100.0	502
Missing	2000	100.0	--	--	100.0	8
	2001	100.0	--	--	100.0	15
	2002	100.0	--	--	100.0	18
	2003	92.3	7.7	--	100.0	13
	2004	83.3	--	16.7	100.0	12



7. Reduce Placements of Young Children in Group Homes or Institutions

(AFCARS Annual Foster Care Database: FY 2000, 2001, 2002, 2003, 2004)

7.1 Most Recent Placement Settings of Children who Entered Care During the Fiscal Year and Were Age 12 or Younger at the Time of This Placement (%)

	2000	2001	2002	2003	2004
Group Homes	15.8	17.5	18.9	18.8	18.8
Institutions	1.2	1.9	0.8	0.4	0.1
Other Settings	82.9	80.7	80.3	80.8	81.0
Missing	--	--	--	--	--
Total %	100.0	100.0	100.0	100.0	100.0
Number	726	756	762	745	744